

STUDENT ACTIVITIES:
TRAVEL

FMG(Local)(E1)

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

PARENT TRAVEL CONSENT FORM

for participating in school-sanctioned activities during the 2015– 2016 school year as a member of the **Permian High School Orchestra**.

Faculty Sponsor(s): Todd Berridge

STUDENT: _____

GRADE LEVEL: _____

ADDRESS: _____

CELL PHONE: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____

ALTERNATIVE ADULT: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year, including all errands and activities related to duties of and assignments made to members enrolled in the **Permian High School Orchestra**. The mode of transportation may be ECISD or commercial bus, or a private vehicle. Private vehicles may be driven by school personnel, a parent, or the above-named student when the event is in Ector County or the City of Odessa

The student has my permission to drive a vehicle to local events when appropriate. ECISD Board Policy does not permit students to transport other students, unless the students are siblings or have parental permission.

I understand that the student may not be chaperoned/supervised while en route or while participating in all orchestra related activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent’s expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release Ector County Independent School District and its trustees, employees, sponsors, and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

IN CASE OF EMERGENCY and with the approval of the sponsor or an ECISD employee, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional information or comments: _____

This form must be signed and returned to the sponsor before the student will be permitted to drive his/her vehicle to any off-campus activities of this organization.

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

****THIS FORM MUST BE SIGNED, DATED, AND RETURNED TO THE SPONSOR BEFORE THE STUDENT CAN DEPART****