

FRIENDSWOOD HIGH SCHOOL BAND

702 Greenbriar Friendswood, TX 77546
281-482-3413

Permission to Travel/Over the Counter Medication

Student Name _____

Date of Birth _____

Grade _____

SS# _____

Permission to Travel

My son/daughter has my permission to attend, travel to and from, and participate in:

1. All Band Activities related to the Friendswood High School Band occurring on a Friendswood ISD Campus.
2. All Band Activities related to the Friendswood High School Band that might involve travel to various places such as other high schools, colleges, stadiums, and other areas that are deemed appropriate by the band director or his representative.

My son/daughter has assured me that he/she will conduct himself/herself in such a manner that good credit will be reflected upon the school.

I understand that students will be chaperoned while on any school trip.

Upon return to FHS from a trip, the directors will wait up to 30 minutes for all students to be picked up.

Both my child and I understand that all Friendswood ISD policies are in place during any band event regardless of its location or time.

I have read and agree to the above listed travel sections:

Signature of Parent/Guardian: _____ Date: _____

Permission to Administer "Over the counter" medications:

I grant permission to the Friendswood ISD representative to administer the "over the counter" medication (Tylenol, Pepto Bismol, Ibuprofen, Midol, Tums, Benadryl, etc.) at my student's request. I understand that FISD personnel will protect my child and not administer medication if this form is not completed.

LIST ANY EXCEPTIONS TO OVER THE COUNTER MEDICATION NOT TO BE GIVEN: _____

Food or Drug Allergies: _____

Medical Conditions (asthma, contacts, etc.) _____

Doctor's Name (print): _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Business/Cell phone: _____

Release

I have read and agree to the above listed over the counter medication section and release FISD designated personnel from responsibility of wrongdoing regarding medication approval stipulated on this form.

Signature of Parent/Guardian: _____ Date: _____