

# Beginning Band



## Cypress-Fairbanks Independent School District

### Parent Permission Form Fine Arts Field Trip

Student Name (Last) Labay MS (First) BAND (Middle) \_\_\_\_\_  
Campus \_\_\_\_\_ Organization \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Primary phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Primary phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

I, \_\_\_\_\_ (Parent/legal guardian name) give my consent for my son or daughter to participate/travel with the \_\_\_\_\_ fine arts department. If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care. Student safety is a high priority; however, under state law CFISD is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a motor vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored field trip described above, and acknowledging that you are responsible for any medical or other costs associated with a student injury that may occur during the field trip, except as stated above.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Insurance phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Identification or Group Number \_\_\_\_\_

**Please provide a copy of the student's current insurance card.**

In case of a student emergency, CFISD employees should be knowledgeable your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

Asthma     Diabetes     Seizure Disorder     List Severe Food Allergies \_\_\_\_\_

Daily and Emergency Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_





# Cypress-Fairbanks Independent School District

*beginning band*

## Parent Permission for School-Sponsored Activity

with District transportation     without District transportation

_____	<i>Labay MS</i>	_____
Student Name	Campus	Grade
_____	( ) - _____	( ) - _____
Parent/Guardian	Primary Phone	Secondary Phone
_____	( ) - _____	( ) - _____
Secondary Emergency Contact	Primary Phone	Secondary Phone

ACTIVITY: *BEAR CREEK ROLLER RINK SKATE PARTY (SEPT. 26), ITZ PARTY (JAN. 23)*

**PARENT ACKNOWLEDGMENT:** In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above, and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally-required written permissions). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

**PRESCRIPTION MEDICATION ADMINISTRATION:** Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
 Parent/Legal Guardian Signature      Date

**Complete this section ONLY if your child requires the administration of a prescription medication** during an activity **extending beyond the regular school day**, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
 Parent/Legal Guardian Signature      Date

Revised 3/2017

# Labay BEGINNING Band Supplies Order Form

ORDERS DUE BY *Wednesday, September 12<sup>th</sup>*

Student Name \_\_\_\_\_ Class Period \_\_\_\_\_  
Instrument \_\_\_\_\_

## All Band Students:

- **Labay Band T-Shirts \$10.00:**

Small \_\_\_\_\_ (Qty.)                      Medium \_\_\_\_\_ (Qty.)                      Large \_\_\_\_\_ (Qty.)

X-Large \_\_\_\_\_ (Qty.)                      XX-Large \_\_\_\_\_ (Qty.)                      XXX-Large \_\_\_\_\_ (Qty.)

All sizes are adult sizes, NOT youth sizes. This shirt will have a different design than last year. Each student will need to purchase at least one t-shirt. You may purchase as many as you would like. Parents may order, too!

\_\_\_\_\_ (Total Qty.) T-Shirts @ \$10.00 each.

## All Trumpet, Horn, Trombone & Euphonium Students:

- **Buzz-Aid \$25.00**

This device assists brass players in learning how to accurately vibrate pitches.

\_\_\_\_\_ Buzz-Aid @ \$25.00 each

Total Amount Enclosed \_\_\_\_\_

### **IMPORTANT:**

Labay Middle School's preferred payment method is School Cash. You can either pay through School Cash or send cash in with your student. If you are sending cash, please enclose it in an envelope and encourage your child to bring it to a band director first thing in the morning to avoid loss or theft. This order form and payment are due by **Wednesday, September 12<sup>th</sup>**. Please attach your payment to this form.