

Performing 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: _____

Student Name (Last)

(First)

(Middle)

Authorization is hereby given for the administration of the following parent provided prescription and non-prescription medications by designated school employees. All medications will be delivered to the teacher in the original containers and include the child's name and dispensing information.

Medication _____ Dosage _____ Frequency _____

Medication _____ Dosage _____ Frequency _____

Medication _____ Dosage _____ Frequency _____

Parent/Legal Guardian Signature

____/____/20____
Date

Medication Log (For CFISD Use Only)

Date: (Month/Day)	Time	Signs & Symptoms	Medication Dispensed	Initials
/				
/				
/				
/				
/				



Cypress-Fairbanks Independent School District

performing band

Parent Permission for School-Sponsored Activity

with District transportation without District transportation

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

ACTIVITY: 8th grade game (to pridgeon... oct. 19), pre-VIL, VIL, festival at the fair, splashtown (may 18)

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



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Parent Permission for School-Sponsored Activity

with District transportation
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Student Name	Labay MS Campus	Grade
Parent/Guardian	() - Primary Phone	() - Secondary Phone
Secondary Emergency Contact	() - Primary Phone	() - Secondary Phone

ACTIVITY: Region Auditions (Nov. 2/3), ITz social (Oct. 13),
SOLO & ENSEMBLE (Feb. 1/2), Region orch. clinic/concert (Nov. 16/17),
Region band clinic/concert (Nov. 30/Dec. 1), Region sectionals (Nov. 29)

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8th Grade
some
need ride
home...
Oct. 19)

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Medication Name	Dose	Route	Time

_____ / ____ / 20 ____
 Parent/Legal Guardian Signature Date

Revised 3/2017

Labay PERFORMING Band Supplies Order Form

ORDERS DUE BY *Wednesday, September 12th*

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**

If you went to Labay last year, **you should already have** a B.E.R.P or Buzz-Aid. This device assists brass players in learning how to accurately vibrate pitches.

_____ Buzz-Aid @ \$25.00 each

Symphonic Winds and Symphonic Band Students:

- **Tuxedo Shirts \$20.00:**

This tuxedo shirt is required of all students in performing bands. **Beginning Band students DO NOT need this shirt.** It is the shirt we will wear for concerts and contests. Students will be fitted for these shirts during class.

_____ Tuxedo Shirt @ \$20.00 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 12th**. Please attach your payment to this form.