

**HOUSTON INDEPENDENT SCHOOL DISTRICT/S. P. Waltrip High School
Waltrip Band Parent Approval Form**

This is to certify that we the Parents/Guardians of _____
(Print Name of Student)

give our permission for our son/daughter to participate in scheduled Waltrip Band activities. I hereby release the Houston Independent School District, S. P. Waltrip High School, the Ram Band, Band Director(s) and Chaperone(s) from any and all liability, and from any and all claims against school authorities, individually and/or collectively, for any illnesses and/or injuries to my child which may occur during a Waltrip Band event, either at the point of origin, at the destination, while moving to and/or from the destination, or while being transported to and/or from the point of origin. I understand that the information regarding Waltrip Band events will be provided to me through my child and/or by written notice.

**EMERGENCY AND MEDICAL INFORMATION
(Please Print)**

_____/_____/_____/_____/_____
Mom's Name Home Phone Work Phone Cellular Email

_____/_____/_____/_____/_____
Dad's Name Home Phone Work Phone Cellular Email

Emergency Contact & Relationship: Name/Phone # (If Parents cannot be reached)

Student Allergies:

Student Medications:

Insurance Information

_____/_____/_____
Insurance Co/Carrier Effective Date Phone Number

_____/_____/_____
Employee(EE) & Relationship to Student (EE) SS# (EE) DOB

_____/_____/_____
Employer Policy Number Group Number

ADDITIONAL INFORMATION DIRECTOR NEEDS TO BE AWARE OF:

- ATTACH COPY OF FRONT/BACK OF INSURANCE CARD.

_____/_____
Signature of Parents/Guardians DATE