Music Department Permission Slip

I hereby give permission for _____ to participate in activities sponsored by the Bettendorf High School Music Department.

I understand that transportation will be by a variety of means, including but not limited to: school van, school bus, parent car, teacher car, or in rare instances student car. I agree to allow _____ to ride in these vehicles. (Please cross off any unacceptable means of travel.)

I agree to relieve Bettendorf High School against any claims for damages and/or compensation arising from or out of actions of my daughter/son during an event and travel to and from such event. I acknowledge that all school rules relative to student behavior are in effect throughout the trip. If a situation arises that a chaperone/director feels a student needs to be sent home, the chaperone will notify the school administration. If the administration concurs with the decision, arrangements will be made with the parent/guardian to transport the student home at the parent/guardian expense.

The Bettendorf High School Music Department will maintain a high standard for its members. Members shall not use tobacco, alcoholic liquor, beer, or controlled substances as defined in section 124.01 subsection of the Code of Iowa.

Members will be considered as "good will ambassadors" for Bettendorf High School and the Bettendorf Music Department. Student should behave in a manner becoming of a member of Bettendorf High School. Students are responsible for upholding the expectations outlined in the parent/student handbook.

I agree to allow the authorized music department chaperone/director to seek medical treatment for _____ should a situation arise which necessitates medical treatment. The insurance information and contact information is below. All efforts will be made to contact the parents before seeking any care.

_____

Insurance Carrier

_____

Policy Holder Names and Number

_____ _____ _____

Contact Phone Secondary Phone Additional Contact Phone(s)

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

_____

Activities Director