

# Trip Permission Form

## RAVENWOOD HIGH SCHOOL MARCHING BAND

2010 - 2011

Destinations: Ravenwood High School Away Football Games and  
Band Competitions and trips

Student's Name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my  
son/daughter \_\_\_\_\_ to participate in Ravenwood Marching Band  
performances off Campus.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Our medical/accident insurance company is \_\_\_\_\_ and the number is  
\_\_\_\_\_.

I, the parent or guardian, of the above listed child, certify that the above insurance information is accurate.

In the event of a medical emergency on the field trip, I give my permission for medical treatment to be administered to my child.

Allergies (include medications)? \_\_\_\_\_

List any medical conditions or medication your child is taking \_\_\_\_\_

List prescription medications your child must take while on the field trip:

\_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**