

HOUSTON INDEPENDENT SCHOOL DISTRICT

PARENT APPROVAL FORM

PLEASE SIGN AND RETURN TO Mr. Hall BY WEDNESDAY, 9/13/16.

Dear Parents,

A field trip to Football Games has been scheduled for 9/27/16, 10/13/16, & 10/14/16  
(destination)  
by your child's teacher and principal. The trip will be made by school bus **after school** and returning to Tanglewood Middle School at **approximately 9:30pm**.

Mr. Hall will accompany the **Advanced Band** and will work with the students to accomplish the educational objective of this trip. Students will be performing at the **Tanglewood MS Homecoming Football Game** on 9/27/16, performing with the **Westside HS Marching Band for MS Band Night** on 10/13/16, and performing with the **Lamar HS Band for MS Band Night** on 10/14/16.

If you wish your child to participate in this important field trip, it is required that you complete and sign the bottom part of the form and return it to Mr. Hall the following school day.

**Food:** Dinner will be provided. Students may pack healthy snacks and drinks for the trip.

**Personal Items:** Students may bring their cell phone and use it when given permission by the director. Students are responsible for any and all personal belongings. HISD teachers and chaperones are NOT responsible for lost or stolen student belongings.

**Chaperones:** Please contact Mr. Hall if you are available to chaperone. We will need some chaperones to ride the bus, and some chaperones to drive personal vehicles to help transport music stands and instruments for the Tanglewood MS Homecoming Game. We will also need some chaperones to help supervise the students and assist with dinner after school before we load the buses to go to the football games.

**This form MUST be signed and returned.**  
**Parent approval may NOT be obtained by telephone.**

  
\_\_\_\_\_  
Leif Hall, Director of Bands

  
\_\_\_\_\_  
Gretchen Kasper-Hoffman, Principal

This is to certify that \_\_\_\_\_ has my permission to go on the  
(name of son/daughter)  
field trip listed with this group.

I have read and agree to the policies outlined for this field trip.

In case of emergency, I may be reached at \_\_\_\_\_  
(telephone-home) (telephone - cell) (telephone - work)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**HOUSTON INDEPENDENT SCHOOL DISTRICT  
MEDICAL RELEASE FORM**

TANGLEWOOD MIDDLE SCHOOL BAND

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please include area code

Home Phone No.: \_\_\_\_\_ Alternative Phone No.: \_\_\_\_\_

Parent's Cellular No.: \_\_\_\_\_ Parent's Cellular No.: \_\_\_\_\_

Parent's Work No.: \_\_\_\_\_ Parent's Work No.: \_\_\_\_\_

I \_\_\_\_\_ release my daughter/son guardianship rights for the following date(s) 9/27/16, 10/13/16, & 10/14/16. My daughter/son has the following medication(s) and should be given while on this trip as indicated (IF NONE, WRITE NONE):

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at \_\_\_\_\_  
(name of medication) (amount given) (time)

2. \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at \_\_\_\_\_  
(name of medication) (amount given) (time)

3. \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at \_\_\_\_\_  
(name of medication) (amount given) (time)

My daughter/son has her/his hospital or medical card: \_\_\_\_\_ yes \_\_\_\_\_ no


In case of an Emergency please call \_\_\_\_\_ at \_\_\_\_\_  
(if parent can not be reached) (include area code)

In order to ensure a safe and enjoyable trip, please list any health conditions that your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below gives you permission to take my daughter/son to a hospital or medical facility, gives my permission for my child to receive medical treatment and gives my permission for the above medication to be administered to my child.

\_\_\_\_\_  
Parent Printed Name Parent Signature Date

Leif Hall – Director of Bands  
Sponsor Printed Name  Sponsor Signature 9/12/16  
Date