

Hilliard Bradley High School Choral Department
Travel Permission Form 2016-2017
Date: August 22, 2016

PLEASE RETURN your signed form by FRIDAY, August 26, 2016
to Mrs. Hodgson

This is for all school-sponsored trips. All school and school district rules are in effect.

Student Section - Students, initial each of the three items, and sign below:

____ I will not have any involvement with illegal substances, alcohol, or other inappropriate or illegal activity. I understand that this involvement will result in administrative disciplinary actions as set forth by The Hilliard City School District code of conduct, and possible removal from the performing group.

____ I will not harass or haze other students. I understand that any offending student may, at the discretion of the director, be sent home at the family's expense.

____ I will follow the directions of Mrs. Hodgson and Mr. Witt at all times.

I have read and understand the information on this form.

Student signature

Print Name

Date

Cell phone

Parent Section

I give my consent for Mrs. Hodgson and designated trip chaperones to supervise my child

_____.

I give consent for my child to be transported by bus to and from Hilliard Bradley High School. All students will travel with the group unless written permission has been received allowing the student to deviate from the group travel arrangements.

MEDICAL RELEASE: I authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original (please initial below).

____ In case of emergency, and with the approval of the sponsor or another HCSD employee, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information or student restrictions: _____

I have read and understand the information on this form. This form must be signed and returned to Mrs. Hodgson before the student will be permitted to participate in any off-campus activities of this organization.

Parent/Guardian Printed Name _____

Cell: _____

Home: _____

Parent/Guardian Signature _____

Date: _____

Alternate Adult Printed Name _____

Cell: _____

Home: _____