

# Fowler Band Handbook Signature Page

Please return this sheet to the band hall by **Friday, August 27th**  
**Signature below indicates that I have received, read, and understand the**  
**Fowler Middle School Falcon Band Handbook AND Calendar.**

[FMS Band Field Trip Permission Form and Emergency Medical Release](#)

My child, \_\_\_\_\_ (**PRINT FULL NAME**), is permitted to travel to **ALL** scheduled Band functions **FOR THE YEAR** as listed on the **Falcon Band Calendar** (Football games, contests, performances, etc.) Transportation will be provided by Frisco ISD school buses or by an approved adult chaperone where applicable.

## **Frisco ISD Required Release of All Claims & Parental Permission for Educational Trip(s)**

RELEASE made \_\_\_\_\_ by \_\_\_\_\_  
(date) (parent/guardian's name)

of \_\_\_\_\_  
(address- house # + apt. #, street, city, state, zip)

as \_\_\_\_\_ of \_\_\_\_\_  
(parent / guardian) (name of student)

In consideration of permission granted the above-named student by the Frisco Independent School District of Frisco, Texas to attend field trips to **ALL LISTED FOWLER MS FALCON BAND EVENTS AS LISTED IN THE BAND CALENDAR FOR THE SCHOOL YEAR** hereby release and discharge the above-named District, its agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators, or assigns may have, or claim to have against the above-named School District its successors or assigns for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above described educational trip.

I further hereby authorize a representative of the School District to consent to medical treatment of the above-name student in the event of an emergency on the trip.

I, the undersigned, have read this release and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Medical conditions for which we should be aware (i.e., diabetes, asthma, allergies, epilepsy, ADHD, etc.):

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\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date and year)

Parents (Home) Phone # \_\_\_\_\_

Parents (Cell) Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

(Please circle one): This student is in BEGINNING BAND **or** 7<sup>th</sup> & 8<sup>th</sup> GRADE BAND