

**Parent Permission for Travel and Medical Treatment**  
**Hobbs High School Eagle Band**  
**(This form is for all Eagle Band activities for 2018-2019)**

To whom it may concern: I, the undersigned, being the legal guardian of (Student Name) \_\_\_\_\_, hereby authorize any medical treatment for this person while participating in band-related activities during the 2018-2019 school year. I also guarantee payment of all charges incurred during this medical treatment (Physician, hospital, x-ray, lab, etc.). In regard to such person, I submit the following information:

**Insurance:**

Company: \_\_\_\_\_ Group Number \_\_\_\_\_  
Identification Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**Special Information:**

Please list any allergies to food, medication, etc. (If none, state so):  
\_\_\_\_\_

Medicine(s) student will have in his/her possession, are: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Personal Information:**

Parents Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Will you allow (Student's Name) \_\_\_\_\_ to swim?  
May swim: \_\_\_\_\_ May not swim: \_\_\_\_\_

Those students who fail to furnish all of the information requested, or who fail to have this form signed by a parent or legal guardian, or who fail to return the form to the appropriate sponsor, will not be permitted to participate in the school activities. Also, unless prior arrangements have been approved by the parents, sponsors, and principal (in writing), all students will return home by the same mode of transportation used to attend the school sponsored activity. There will be no exceptions to these regulations. School policy requires students to travel to out-of-town activities on school transportation.

I absolve the school and the sponsors of any liabilities that may occur during the school sponsored activity. Finally, I accept full responsibility for the behavior of my child on trips and upon his/her return to town, and will furnish the necessary transportation (if after school hours) to and from his/her home.

I have read the above guidelines and hereby delegate to the Hobbs Board of Education and its' school agents control of my respective son/daughter for the designated upcoming school sponsored trips. I hereby authorize the chaperoning agents and/or instructors to incur any expenses considered necessary and agree to pay/reimburse said agents for same, should these described expenses not be covered by an existing accident or insurance policy. While sponsors can take care of minor disciplinary problems, which arise on out-of-town trips, serious problems will require contacting the principal and any other appropriate school district officials.

Rusty Crowe, Director  
John Duskey, Director  
Manuel Sanchez, Director  
Hobbs High School Eagle Band

NOTARY SEAL AREA

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Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 2018. My commission expires: \_\_\_\_\_  
Signature of Notary Public: \_\_\_\_\_