

**Iowa Park Hawk Band – Medical Release
And
Parental Permission for School Sponsored Events / Field Trips
And
Student Band Handbook Acknowledgement Form**

Student Name: (print) _____ Grade: _____

Teachers Name: Charlie Bradberry, Jonathan Fortson, Caroline Deitch

Event: Any School Band Trip or Event Method of Travel: Bus or School Approved

The participating student listed has my permission to attend school sponsored events for the school year (2024-2025). I agree that Iowa Park CISD and/or Iowa Park High School will not be responsible for injury that might occur in travel or during said event. Students are required to return with his/her group on the vehicle provided unless released directly to his/her parents or guardians for the return trip.

I also know and agree that my child must stay in band for the entire year and will not be allowed to change classes at semester.

I also testify that said student understands that as a participant in the school sponsored event that he/she will not indulge in alcoholic beverages and /or narcotics of any kind.

The IPHS student code of conduct is in effect for school sponsored events.

It is understood that any infraction of this agreement is subject to all applicable student code of conduct disciplinary procedures including the removal of the student from any future extracurricular/school sponsored events.

I authorize Iowa Park CISD officials to secure emergency medical treatment for above mentioned student by emergency room doctors in the event of any physical injury while participating in the school sponsored event, and agree to hold harmless all such persons and the Iowa Park CISD for any and all claims and expenses arising out of such injuries.

I and the above-named student participant signify that we have read and do understand and accept this agreement and its attached guidelines for student behavior and medical release, and I have access to the band handbook (digital or hard copy) and agree to comply with all rules and regulations. Hard copies will be available upon request.

Student Mailing Address _____
Home Phone _____
Cell Phone _____
Email address _____

Mother (or Legal Gradian) Name _____
Mother Mailing Address _____
Mother Emailing Address _____
Mother cell () _____

Father Name _____
Father Mailing Address _____
Father Emailing Address _____
Father cell () _____

Medical/Insurance Company: _____

Policy ID or Group Number: _____

Known Medical Conditions: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Use back if necessary