I do hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in a co-curricular experience with the C. Milton Wright Band on:

**Required Performances: (NOT OPTIONAL)**

Monday, October 23, 2023 Harford County Marching Band Showcase

Tuesday, October 24, 2023 Harford County Showcase Rain Date

Saturday, November 4, 2023 Towson University Marching Band Showcase

Saturday, December 2, 2023 White Marsh/Aberdeen Holiday Parades

Sunday, December 3, 2023 Bel Air Holiday Parade

Thursday, March 14, 2024 Harford County Band Assessments *(Wind Ensemble)*

**Optional: (Enrichment Activity)**

Saturday, April 20, 2024 SARC - Walk A Mile In Her Shoes

Sunday, May 5, 2024 Race for Hope in Washington DC

Friday, May 24, 2024 Graduation Band at HCC Arena

***\*\*You will be notified via email/social media of report times for each individual event.\*\****

Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(number parent/guardian can be reached during field trip)*

***\*\*Absence Request Forms MUST be turned in 2 weeks prior to an***

***absence from a required event.\*\****

**Safety is our first priority!** The following information will be helpful in providing the best and wisest care for your child in the unlikely case of an emergency. It will be treated as confidential and will be hand carried by the classroom teacher during the field trip.

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

Name of Student Age

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

Name of Caregiver Home Phone Work Phone

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

Emergency Contact Name Phone

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

Name of Family Doctor Phone

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

Health Insurance Provider Policy Number

1. Date of most recent tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you know of any factors which might necessitate your child’s following a program of limited physical activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Allergies:
	1. Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Drugs: Sulfa \_\_\_\_\_\_\_ Penicillin \_\_\_\_\_\_\_ Aspirin \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_
	3. General: Asthma \_\_\_\_\_\_ Hay Fever \_\_\_\_\_\_ Poison Ivy \_\_\_\_\_\_ Stings \_\_\_\_\_\_\_
4. If your child presently is taking prescribed medication and will need it on the day of the field trip, please provide a medication form signed by your child’s doctor and contact the school nurse.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Caregiver Signature