

**Wisconsin Lutheran High School Viking Band
2011-12 FIELD TRIP PARENTAL CONSENT FORM**

This form is to be used by students who are involved in a school-related activity outside of school during the school day and/or a school-related activity outside the school day. It is to be completed and returned to Mrs. Bailey as soon as possible but no later than **Friday, September 16, 2011**.

Name of Student: _____

Age of Student: _____ Grade: _____

Instructor in Charge: **Mrs. Bailey**, Director of Bands

Purpose or Type of Activity: **All Band Activities for 2011-12 school year**

Date(s) of Activity: **Any band-related performance or activity that requires bus transportation during the 2011-12 school year.**

The student will be riding on school bus transportation provided by Durham School Services.

We, the undersigned, parents of _____, a minor, do hereby give our consent to the participation of our son/daughter in Wisconsin Lutheran High School sponsored events, either as an active participant or as a spectator, and hereby release and forever discharge Wisconsin Lutheran High School Conference from any and all liability for injuries sustained by our son/daughter while being transported to or from such event(s) in our automobile, in any other automobile, or using bus transportation with our consent and authority.

In case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures he/she deems necessary to the welfare of my son/daughter while participating in the above mentioned event and or its related activities. It is understood that the band director, chaperones, and medical personnel will make every attempt to contact parents/guardians/relatives listed above prior to any such actions. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general, or both) or surgery for this student if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness of physician's or surgeon's fees and hospital charges for such service.

Date: _____

Parent Signature

Parent Name (please print)

*Please return this form to Mrs. Bailey by **Friday, September 16, 2011!!***