



North East Independent School District

8961 TESORO DRIVE • San Antonio, Texas 78217

Phone (210) 804-7147, Fax (210) 804-7171

CONFIDENTIAL

Parent Travel Consent Form 2018-2019

This form consents participation in school-sanctioned activities during the 2018-2019 school year as a member of the Claudia Taylor Johnson High School Band.

Faculty Sponsor: Mr. Jarrett Lipman

Student: _____ Grade Level: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ ZIP Code: _____

Father's Name: _____ Father's Cell #: _____
 Father's Work #: _____
 Mother's Name: _____ Mother's Cell #: _____
 Mother's Work #: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties of and assignments made to members enrolled in the Claudia Taylor Johnson High School Band class. The mode of transportation may be NEISD or commercial bus, or a private vehicle driven by school personnel, a parent, the above-named student, or another member of the Claudia Taylor Johnson High School Band.

The student has my permission to drive a vehicle and to transport other students.



I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Claudia Taylor Johnson High School Band activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release **North East Independent School District** and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency and with the approval of the sponsor or another **NEISD** employee, I give my approval and authorization for first aid treatment and any medical treatment by local physician and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information or comments: _____

This form must be signed and returned to the sponsor before the student will be permitted to participate in any off-campus activities of this organization.

Date: _____ Signature of Parent: _____ 
 Signature of Sponsor: _____ Signature of Student: _____ 



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Supplement to the Parent Travel Consent Form 2018 - 2019

Student Name: _____

Grade Level: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

The above-named student ("Student") has my (the undersigned parent's) consent to participate in school-sanctioned activities as a member of the Claudia Taylor Johnson High School Band with the following restrictions:

1 _____

2 _____

3 _____

4 _____

5 _____

Compliance with the above-described restrictions will be the responsibility of the Student and **NOT NEISD** or any of its agents, trustees, volunteers or employees. The Student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

Date: _____

Signature of Parent: _____



Signature of Sponsor: _____

Signature of Student: _____



PLEASE ATTACH A PHOTOCOPY (FRONT & BACK) OF INSURANCE CARD