

PERMISSION SLIP
Heber Springs Middle and High School Bands

Student Name _____

Parent / Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact _____

Emergency Phone _____

Any allergies or medical conditions that we need to be aware of?

If your child will need to take any medication during the course of our trip please list:

Name of family physician _____

Physician phone number _____

I give my son/daughter permission to travel on all Heber Springs Middle School band field trips. In the event of an emergency, I hereby authorize the Heber Springs Middle School sponsors to act on my behalf if emergency contacts are unable to be reached.

Parent/Guardian Signature _____