PARENT/GUARDIAN PERMISSION FORM FOR STUDENT EVENT, ACTIVITY OR TRAVEL

I am the parent, guardian, conservator, foster parent or other person having custody of the following student(s):

*****Student Name:

I give my expressed consent for my son and/or daug Fiesta Texas Performance Trip - 5/17/2024	hter to participate in the	following event, activity or travel:
Students will meet Friday morning (May 17 th) for fina chaperones. We will meet at 8:00am in the BMSN Au check in with chaperones according to schedule. Students in time for any reason. The Band program will provide track have a season pass. The cost of tickets for students we band money, but we will not have any extra tickets a provided, so students may want to purchase lunch in bring a debit card or utilize the cash-to-card kiosks in gallon ziplock bag with their name on it. After our first students who elect to bring lunch. We plan to return to 6:45pm. All students will be picked up from this locate your student. There will literally be hundreds of student etc. Please park in one of the large lots across the street	ditorium. Student safety in the lents also understand the lensportation to and from the lensportation to and from the lensportation to and from the park. Fiesta Texas is not the park. Students/chapest full group check-in, we not the BMSN bus pick-up and the leng picked up and wents being picked up and w	is very important and students will be expected to y are not to travel through the park alone at any the park, and tickets for any student who does not f you have a season pass, please use it to save the forgets/loses their season pass. Lunch will not be ow a cashless park, so students will either need to erones will be able to bring a sack lunch in a one will go to the parking lot for a "picnic" for those area (School Street and Johns Road intersection) at m. We suggest parking somewhere and walking to be do not want students running across the streets,
I acknowledge and understand that by law a school excessive disciplinary force or where property or operated by the District. I therefore understand the or harm to my son and/or daughter unless one of the Boerne ISD does not provide independent medical for my child's medical expenses under any circumstant.	a person is harmed or nat the Boerne ISD is not ne above exceptions wou insurance for this event	damaged through the use of a motor vehicle under any circumstances responsible for injury ld somehow apply. I also acknowledge that the
I am notifying the faculty, staff or sponsors of this e or physical considerations or limitations as applicab	_	·
Because of the foregoing listed medical or physic restrictions be placed on my son and/or daughter:	cal considerations or lin	mitations, I am requesting that the following
Parent/Guardian	 Date	·
Emergency contact 1: NameEmergency contact 2: Name		

Please print this and return to band director BEFORE Friday, April 19th.