

Student Name (Please **print legibly**)

Student Grade: **Circle One for 2011-12**

5 6 7 8 9 10 11 12

Last

First



VCS Bands 2011-12

Travel Authorization Release

Student Name: _____

Date: _____

PLEASE *LEGIBLY* PRINT STUDENT'S FULL LEGAL NAME HERE

VCS Policy requires that parents provide written authorization for students to be taken off-campus or on out-of-town trips. This form serves as a blanket authorization for all trips taken by the VCS band for the entire **2009-2010 Academic Year.**

Please note that VCS Band policy also forbids students being released to ride home from off-campus or out-of-town events with persons other than their own Parent(s)/Guardian(s)/Host Parent(s), even with a written note/excuse from the Parent(s)/Guardian(s)/Host Parent(s). This policy is for the student's protection. As such, please do not ask us to release your student into someone else's care.

I/we hereby give permission for my child to travel with the VCS Band to any band participation events or field trips scheduled between August 1, 2011 through July 31, 2012. In case of emergency, illness, or accident, your child may be given first-aid and the parent(s)/guardian(s) notified. If the parent(s)/guardian(s) cannot be located, the child will be taken to the nearest Emergency Room provided that time and distance are not emergency treatment factors. I also hereby authorize the director(s) and appointed chaperone(s) to secure emergency medical care for my son/daughter in the event that I cannot be contacted. Victory Christian School, Victory Christian Center, or any of their employees or agents do **NOT** assume responsibility for the payment of hospital, doctor, or ambulance fee. I/we further agree that I/we will not hold Victory Christian School, Victory Christian Center staff or agents liable for accident of injury that does not involve neglect.

-> Attach a COPY of your CURRENT Insurance Card(s) – FRONT AND BACK! <-

PARENT/GUARDIAN SIGNATURE: _____

Date

STUDENT SIGNATURE: _____

Date

Emergency Contact Names and Phone Numbers:

Please advise us of any changes during the school year.

1. _____
Parent/Guardian Name Home Phone Number Work Phone Number Cell Phone Number

2. _____
Parent/Guardian Name Home Phone Number Work Phone Number Cell Phone Number

3. _____
Other: _____ Relationship Home Phone Number Work Phone Number Cell Phone Number

4. _____
Other: _____ Relationship Home Phone Number Work Phone Number Cell Phone Number

Insurance Information:

Insurance Company/ Carrier/Group Administrator Policy Number/Group Number

Coverage Carried/Listed Under What Name? Medical Authorization/Insurance Contact Phone Number

Please List Any Other Medical Condition or Information We May Need (allergies, medications, etc.)