

**WESTFIELD HIGH SCHOOL CONCERT BAND  
2018 PERMISSION FORM**

*PLEASE PRINT*

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

EMERGENCY CONTACT (please include name and phone #): \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**I give my student permission to go on the following 2018 WHS CONCERT BAND Trips:**

Tuesday March 20<sup>th</sup>: Summit High School, 4 pm departure, 10:15 pm est. return.

My Child has medical needs as described below (please note medications, allergies, etc.)

I agree that no responsibility shall be attached to the school beyond that of providing faculty supervision.  
I also give my consent for emergency treatment, should the need arise.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



**WESTFIELD**  
BLUE DEVIL BANDS

3/9/18

Dear coaches,

Please excuse \_\_\_\_\_, a member of the Westfield High School Band Program, from athletic practice/game on ***Tuesday March 20, 2018***. Students will be traveling to Summit High School to perform in the Central New Jersey Music Educators State Concert Band Festival. This performance is an academic requirement of this class and attendance is mandatory for all members. Departure will be from WHS at 4:20 pm and we will return at 10:15 pm. Thank you in advance for your understanding and cooperation. If you have any questions please do not hesitate to contact me.

Sincerely,

Chris Vitale, Director of Bands

[cvitale@westfieldnj12.org](mailto:cvitale@westfieldnj12.org)

908-789-4500 x4551