

**WESTFIELD HIGH SCHOOL SYMPHONIC 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: _____

I give my student permission to go on the following 2018 WHS SYMPHONIC BAND Trip:

Monday March 19th: Bridgewater-Raritan 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 ***Monday March 19, 2018***. Students will be traveling to Bridgewater-Raritan 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 4:15 pm and we will return at 10:30 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

908-789-4500 x4551