

TRAVEL PERMISSION SLIP FOR LIBERTY MUSIC DEPARTMENT TRIP

This permission slip authorizes _____ to travel by school-arranged
(Please print student name)
transportation on the music department trip during the 2022-2023 school year.

I agree to relieve the Iowa City Community School District against any claims for damages and/or compensation arising from or out of actions of my child throughout the trip.

I authorize the school chaperone in charge of the trip to obtain any necessary emergency medical treatment for my child while on the 2022-2023 music department trip.

I have read and understand the above statements and I agree to the terms and conditions as stated.

Parent Signature: _____

Parent/Guardian Name(s) _____ Date _____

Address _____ City & Zip _____

Home Number _____ Emergency/Cell Number _____

Parent E-mail _____

Student E-mail _____ Student Cell Number _____

Medical Insurance Co. _____ Subscriber number _____

Please list any food allergies, health concerns, and/or medications of which the chaperone(s) should be aware:
