

PARENTAL AUTHORIZATION FORM

Your child has an opportunity **to participate with the MHS Band at a MHS Football Game.** The date is **Friday, Sept. 27th, 2019.** Students should arrive at MHS at 4:00; we should be done by approximately 9:30. Students will need to arrange their own transportation to and from the high school. Please see the flyer for additional details. **This is a required school event and student attendance is mandatory.** Students are expected to stay through the entire game.

In order for your child to participate, this form must be filled out completely and **returned by Friday, Sept. 20.** No student will be allowed to participate without a completed authorization form.

_____ Please do not detach _____

In case of an emergency, please contact:

Name

Home Phone

Work Phone

Family Physician:

Phone

Please list any special medical conditions of your child: (bee sting allergy, asthma, motion sickness etc.)

Statement of Consent:

I give _____ my consent to participate in this event. In doing so, I agree to the following:

1. In case of a medical emergency and none of the persons named above can be reached, I grant the chaperones the right to authorize medical care.
2. I agree to pay the expense of returning my child home before termination of the event if he/she does not adhere to established standards of conduct.
3. The school is not responsible for damage or loss of property personally owned by my child.

Parent / Guardian Signature Date

***Please check below if you would like to help!**

_____ **I would like to help chaperone!**