



**CORNING-PAINTED POST
AREA SCHOOL DISTRICT**

Students are the center of all we do.

Frank Barber, Assistant Principal
Michael Gill, Assistant Principal

Robin Sheehan
High School Executive Principal

David Harrington, Assistant Principal
Nicholas Kapral, Assistant Principal

Permission is hereby given for (student/child) _____

To Participate: Florida Band Trip 2016 on February 17-22 2016

Student Name: _____

Address: _____

Medical Insurance Info (Policy # if available) _____

Home Phone : _____

Work Phone: _____ Emergency Phone Number: _____

I /We understand that under no circumstances will deposited money be refunded for any reason due to reservations or advanced ticket purchases by the travel company / CPP Band Boosters.

Parent / Guardian Signature: _____

Special Medical / Dietary Information we should know (Allergies, Motion Sickness, Vegetarian/Vegan, Diabetes etc.)

*** Please fill out the Pink form if student is taking medications. ** If the form is already on file with the school nurse or your child is not taking any medication YOU DO NOT need to fill out the Pink Medication Dispensing Form.

In the event of illness or injury while involved with he Corning-Painted Post High School Band trip, I hereby consent to any required medical attention by a qualified licensed physician or surgeon to examine and diagnose and to prescribe for and/or perform treatment, including surgery on my son/daughter. Every effort will be made to contact parents / guardians in the event of an emergency treatment situation.

Student Name: First _____ M.I. _____ Last _____

Parent/Guardian Signature: _____ **Date:** _____

Students Must have this form on file in order to signup for a bus. Without the form the student will not be allowed to participate on the trip.

** Please Note both sections for parent/guardian signature**

