

Freshman Center
349 South 9th Street
Quakertown, PA 18951
267-371-1200



Senior High School
600 Park Avenue
Quakertown, PA 18951
215-529-2060

QUAKERTOWN COMMUNITY HIGH SCHOOL

PERMISSION SLIP FOR QCHS Panther Marching Band

Student Name: _____

My child has my permission to practice and to travel with the QCHS Band to events related to participation in the band program

<i>Organizer/Event</i>	QCHS Panther Marching Band
<i>Place</i>	QCHS, Strayer Middle School, local and regional high school, college, and professional football stadium venues as outlined in the fall performance schedule
<i>Date</i>	7/31/17 – 11/23/17
<i>Times</i>	Published on QCHSband.wikispaces.com/calendar
<i>Transportation (School or Other)</i>	School Transportation
<i>Costs/Payment Information</i>	All costs included with participation in the QCHS Panther Marching Band

I hereby assume full responsibility for any injury to my child on this trip. I understand that in case of any emergency requiring medical treatment, every effort will be made to contact me. If I cannot be contacted, I authorize the school to give consent to treatment as deemed necessary by medical personnel.

- Medical Insurance Information: _____
- Medical Conditions (allergies, etc.): _____

In the event of an emergency, I can be contacted at the following number:

- Emergency Contact Number(s): _____

The back of this slip contains additional trip requirements and expectations. By signing below, I acknowledge that I have read and accept these terms:

- Parent/Guardian Name: _____
- Parent/Guardian Signature: _____