

**D.C. Virgo Middle School Bands
Permission Form**

Field Trip Name _____
Field Trip Location _____
Field Trip Date _____

Student Name _____ Phone _____

Parent Name _____ Work # _____

Emergency Contact _____ Phone _____

Please list any medical conditions (asthma, allergies, etc) of this student:

I give permission for the above named student to attend the field trip stated. I also give permission for the above name student to receive any medical attention necessary in the event of an emergency.

(parent signature)