



Kelly Lane Middle School Knight Band Student Travel Permission Slip

My/Our son/daughter _____
has my/our permission to attend/travel to the following locations/events on
these dates: _____ Grade: _____

Please note the 'Comment' column to determine if the event pertains to your child's performing group (Wind Ensemble, Honor Band, Symphonic Band).

Event Name	Date(s)	Comment
8th Grade Rehearsal with HHS @ HHS	9/20/21	Only for 8th Graders
8th Grade Night @ The Pfield	9/24/21	Only for 8th Graders.
Pfestival of Bands @ The Pfield	9/27/21	Only for 8th Graders.
Middle School Football Game Performance @ HHS Stadium	10/4/21	OPTIONAL for Honor Band/Symphonic Band REQUIRED for Wind Ensemble
Walk to School Day Performance @ Murchison Elementary or @ Rowe Lane Elementary	10/6/21	OPTIONAL for Honor Band/Symphonic Band/Wind Ensemble REQUIRED for Wind Ensemble Percussionists
District Band Auditions @ Canyon Vista MS in RRISD	10/30/21	OPTIONAL for Honor Band, Symphonic Band REQUIRED for Wind Ensemble
Region Band Auditions @ Grisham MS in RRISD	11/6/21	REQUIRED for students that advanced from District Band Auditions
Region Orchestra Sectionals, Clinic and Concert @ Grisham MS AND McNeil HS in RRISD	11/18/21- 11/20/21	REQUIRED for students that 'make' the Region Orchestra
Region Band Clinic and Concert @ McNeil HS in RRISD	12/10/21- 12/11/21	REQUIRED for students that 'make' the Region Band
Winter Tour to Elementaries @ Murchison ES, Rowe Lane ES, Dearing ES	Various Days; Week of 12/13/21	REQUIRED for Wind Ensemble Students

While I/we realize that all precautions will be taken for the safety of the students, I/we understand neither chaperones or Pflugerville Independent School District will be held responsible in case of an accident. If an accident or sickness should occur, I/we authorize the school's designated representative(s) consent to physician and/or hospital emergency medical and/or surgical treatment. It is understood that all costs of such treatment are my/our responsibility. It is further understood that school authorities will notify parents/guardians as soon as possible if an emergency arises, but in no way is treatment to be delayed until that time.

In addition, I/We completed the Medical Travel form for my/our son/daughter and returned to the sponsor.

_____ (initial) I approve travel to/from ALL of the events listed above, if they apply to my child.

_____ (initial) I approve travel to/from all of the events above EXCEPT: _____

_____ (initial) I DO NOT approve travel to/from ANY of the events listed above.

Signature of Parent or Guardian: _____

Home Phone: _____

Work Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____