

# 2023-2024 SHARYLAND RATTLER CHOIR

## TRANSPORTATION AND EMERGENCY INFORMATION

I give my son/daughter (a choir member) permission to travel on Sharyland ISD school buses and/or charter buses to and from concerts, contests and other choir activities during the 2023 -2024 school year. I expect that all drivers will be certified personnel.

Should an emergency arise, I give permission for Mr. Watkins, Mrs. Garza, or any other school administrator/sponsor to authorize emergency room treatment until I can be contacted by emergency personnel.

STUDENT NAME: \_\_\_\_\_ S.S.#: XXX-XX-\_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE/S: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

RELATIVE TO CONTACT IN EMERGENCY:

\_\_\_\_\_

RELATIVE'S PHONE: \_\_\_\_\_

REGULAR PHYSICIAN:

\_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY NUMBER:

\_\_\_\_\_

PLEASE LIST ANY ALLERGIES THAT YOUR CHILD HAS AND/OR ANY  
MEDICATIONS THAT ARE NEEDED:

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

After completing this form, please print it off and have your student take it to school, or click the Submit button to email it to Mr. Watkins.