

## **McDowell Bands Information Form**

I give my son/daughter \_\_\_\_\_ permission to participate in all activities with the McDowell Middle School band. In case of a medical emergency, this form will authorize treatment at the nearest medical facility. By signing this form, I and the above stated student also acknowledge and agree to the McDowell Middle School Band Policies. McDowell Band Policies can be accessed online through the McDowell Band website. I also understand that the information contained in these Policies is subject to change. I understand that changes in district policies may supersede, modify, or render obsolete the information summarized in the Band Policies. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes.

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Student's Signature

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Parent's Signature

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Date