Mountain Valley Middle School Field Trip Permission Form

Event:	ATSSB Region Band Auditions @ Danville; Clinic & Concert @ Davenport		
Date:	Feb 7 & Apr 2, 2026	*Time:*	All day
Organization:	MVMS BAND		
Sponsor's Name	MRS. CONARD / MR. GREINER		
Transportation provided by:	■ CISD (school bus) ☐ Parent		
Cost:	TBD		
Notes:	Students will ride bus to and from Danville / Davenport		

This is to certify that_____ (student name) has my permission to attend the above described event.

I understand all rules and regulations listed in the Student/Parent Handbook and all other school policies are in effect on all school trips. The teacher or sponsor may add additional rules (i.e. no girls in boys' rooms, curfews, additions to the dress code, etc.). If you have any questions or concerns regarding the trip, feel free to call the teacher sponsor at (830) 885-1300. Email sponsors: danette.conard@comalisd.org; dylan.greiner@comalisd.org

The above named sponsor(s) have my permission to take my son/daughter to a hospital or physician if an emergency arises. This teacher or sponsor is authorized to give consent for treatment as deemed necessary or appropriate.

I hereby release Mountain Valley Middle School, Comal ISD, and/or their agents from any liability for injuries or fatalities suffered by my child while he/she is under supervision of a teacher or sponsor on this particular activity.

Student's Address: _____
Street or PO Box City State Zip

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Any known medical conditions (allergies, chronic illness, handicaps, etc.):_____

_____

By signing below, you are indicating that you have read and agreed to the statements and that we have your permission to take your child on this trip.

Parent/Guardian Signature _____