

**New Mexico State University – 2017 SW International Honor Band and  
Orchestra  
Special Event  
Permission Form**

Participant Name: \_\_\_\_\_ Gender \_\_\_\_ Birth Date \_\_\_\_\_  
Event: American Southwest International Honor Band and Orchestra  
High School: \_\_\_\_\_ Sponsor/Teacher: \_\_\_\_\_  
Event Dates: Feb. 3rd thru Feb 5th, 2017  
Arrival Time: 1:00PM  
Departure Time: 6:00 PM  
Type of Transportation: NMSU Shuttle from Hotel to Music Center  
Purpose of Trip: Participation in Honor Band and Orchestra clinic and ensemble performance  
Destination: Sleep Inn -2121 S. Triviz Dr, Comfort Suites – 2101 S. Triviz Dr. and  
1075 N. Horseshoe  
Do Students need to take money for meals/expenses? Yes X No \_\_\_\_  
Other Expenses: \$25 Registration Fee payable to NMSU Bands  
Are there any prepaid meals? Yes X No \_\_\_\_  
For over-night trips, are rooms prepaid? Yes X No \_\_\_\_

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I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Hereby give my permission for the student to participate in the event described above. I understand that this is a school-sponsored trip and that all school rules apply. Student violations of school rules will be subject to school discipline procedure. In addition, a student may be sent home at parent/guardian expense for violation of rules.

\_\_\_\_\_  
Student Signature

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

In the case of a medical emergency, I hereby grant parental permission for emergency medical treatment. As parent/guardian, I expect to be contacted about any medical emergency as soon as reasonably possible. My contact phone number is \_\_\_\_\_.  
Insurance coverage for medical emergencies is required for trips. My insurance coverage is with \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance contact phone # \_\_\_\_\_.

Parent/Guardian permission for emergency medical treatment

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

Date: \_\_\_\_\_ (permission expires with the completion of the trip)

**Please list on the back of this form: all medications currently being taken, allergies to medicines, and food allergies**