

John Glenn Bands

Consent To Leave Event

Date: _____ Event: _____

My child, _____, will not be riding the bus home from the band event or is leaving after the halftime performance of the football game.

My child is leaving with: _____

Relationship to student: _____

Parent/Guardian Phone Number: _____

By signing this form, I understand that my child listed above is no longer in the care of the director(s), staff or the designees of the John Glenn Bands. I understand that all responsibility of care of the student from the moment they leave is with the adult listed above. I understand that my child may not solely leave with any person(s) under the age of 18.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____