

Folsom Jazz Trip Emergency Contact Form

Student Name: _____

Student Information

Student Cell#:
Birthdate (mm/dd/yy):
Home Address:
City, State, Zip
Home Phone:

Parent/Guardian/Emergency Contact Info

Parent/Guardian Information
Parent 1 Name:
Parent 1 cell:
Parent 1 email:
Parent 2 Name:
Parent 2 cell:
Parent 2 email:
Emergency Contact Info (if your parents cannot be reached)
Contact #1:
Phone:
Contact #2:
Phone:

- By signing below, I give permission to give my child's cell phone number (if applicable) to the chaperones of their ensemble to be used for communication purposes on the trip. (All chaperones have been finger printed and cleared by WCSD.)
- On this trip, the teachers may use the app Remind to communicate to all chaperones and students via text. By signing below, I give permission for my child to sign on to Remind to receive these updates. This will not be a group text so no one will see their number. (Directions to sign up will be given on the trip)

Parent/Guardian Signature _____ Date: _____

These forms must be signed by your parent/guardian and returned to your music teacher by Monday, January 22, 2024