Wentzville Holt High School Band Program
Consent to Travel Form 2026 - 2027 (Due Aug 3rd)

This form must be in the possession of the band directors before the band member is allowed to travel with the band. (Due August ~~1st~~ 3rd)

I, _____, being the
Parent/Guardian/Custodian

of _____, a minor, do hereby

authorize, request, and give my permission for the above named to travel with the Wentzville

Holt High School Band on all trips, including overnight trips, during the school year.

_____
Parent/Guardian Signature Date

Allergies, medication, or medical conditions to be aware of: _____

_____

Parent/Guardian: _____

Address: _____
(Street) (City) (Zip)

Phone (H):_____Phone (W):_____

Phone (cells):_____

Emergency Contact: _____
(Other than parent/guardian) (Name) (Phone)

Family Physician: _____ Phone: _____

Health Insurance: _____ Policy #: _____

2026 – 2027
Band Food Permission Form (Due Aug 3rd)

Welcome Parents,

On days of competitions the students often have to be at school very early and sometimes do not arrive home until very late. The Booster Club feeds the students on competition days--often one - two meals (depending on how long we are there) and a snack.

With the food rules in place in the Wentzville School District, we need to get parental permission for their child to eat what is being served.

By signing this paper you are stating that your child is able to eat the meals we prepare and that he/she knows what foods he/she can and cannot eat. Please be assured that we avoid peanut and nut products.

Yes, my child, _____, has my

permission to eat the meals prepared by the Holt Band Boosters.

Special Dietary Needs: _____

_____

Parent Signature: _____

Due Aug. 3

Wentzville School District

Parent Permission Form

Date: 2026-2027 School Year

Dear Parents: _____

Your child's classroom will be going on a field trip to Various performances on throughout the school year.

Transportation will be by: ☑ School Bus ☐ Walking ☐ Contracted Bus ☐ Other

Your child will be involved in participating/seeing: Performance

We will leave school at approximately TBD and return TBD.

Your child will need:

All band materials

Your child will have adult supervision at all times. Please sign and return the following form to your child's teacher, including fees (if any), no later than Aug. 7th, 2026. We look forward to providing your child with this enriching educational experience.

Thank you

Joshua Stotler
Teacher Signature

Shane C. Schuetz
Administrator Signature

FIELD TRIP PERMISSION FORM

_____ (student) may attend the field trip to

_____ (location) on _____ (date).

In case of emergency, I can be reached:

Cell: _____ Other: _____

Please list any medical concerns/other pertinent information:

_____

_____ _____

Parent/Guardian Signature Date

Due Aug 3

Wentzville School District

Overnight Trip/Excursion Parent/Guardian Permission Form

Date: 2026-2027 School Year

Dear Parents: _____

Your child, _____, has the opportunity to participate in a field trip, which will require an overnight or longer stay away from home. The attached itinerary describes this trip in more detail. Due to the nature of this trip, specific behavior expectations will be held for all students involved. Students will be expected to follow the behavior expected per school policy.

Additionally, students:

1. will be expected to follow all school rules while on this trip.
2. will adhere to the schedule and directions established by the sponsor at all times.

Any violation could result in contact with the parent to pick up the student and return home.

Please read the attached information and sign the parent/guardian permission form that follows. The parent/guardian permission form must be returned to the sponsor 48 hours before departure.

Thank you

Joshua Stiller
Teacher Signature

Diane C. Schlueter
Administrator Signature

I have read the enclosed information and give my permission for _____ (student name) to participate in the activity described herein. Furthermore, I authorize _____ (staff member) to secure any medical attention that may be required for my child during the trip. I also understand that the cost of any such treatment will be my responsibility as a parent/guardian.

_____
Parent/Guardian Signature

_____
Date

Name of Insurance Carrier: _____
Medical Insurance Group &/or
Identification Number: _____
Name of Insured: _____

Revised 6.2.25

Band 2026-2027 School Year
(Due Aug 3)

WENTZVILLE SCHOOL DISTRICT

HEALTH INFORMATION AND MEDICATION AUTHORIZATION FOR BEFORE & AFTER SCHOOL FIELD TRIPS

To be completed by the parent/guardian for ALL students attending the field trip

Student's Name: _____ DOB: _____

School: _____ Grade: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Emergency Contact #1 Name: _____

Telephone Number: _____ Work/Optional Number: _____

Emergency Contact #2 Name: _____

Telephone Number: _____ Work/Optional Number: _____

STUDENT HEALTH INFORMATION:

Doctor's Name: _____ Office Number: _____

Health Insurance Name: _____ Policy/Group #: _____

Please list all health conditions, including any allergies, physical limitations and/or diet restrictions:

_____

_____

_____

Medications: Please keep in mind that all medications will be stored securely and administered by trained school staff. There will not be a school nurse accompanying students on the field trip.

- ☐ **No**, my student **does not** need any medication for the field trip.
- ☐ **Yes**, my student **will need** medication (a parent/guardian will be chaperoning and will manage student medications). No need to complete page 2.
- ☐ **Yes**, my student **will need** medication on the field trip. All prescribed and over-the-counter medications require parent and physician signatures on the attached medication authorization form.

In the event of a medical emergency, 911/EMS will be called and students will be transferred to the nearest medical facility.

Parent Signature: _____ **Date:** _____

WENTZVILLE SCHOOL DISTRICT

MEDICATION AUTHORIZATION FOR BEFORE & AFTER-HOUR SCHOOL FIELD TRIPS

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. Health Services staff do not routinely accompany students on field trips. Teachers will be responsible for the administration and storage of medication.

All prescription AND over-the-counter nonprescription medication sent on a field trip must include:

1. **Physician's signature**
2. **Both prescription and non-prescription medication is to be in the original container. If medication is a prescription, the pharmacy label must accurately reflect the medication, dose, and times as stated in the orders from the doctor.**

Parent/Guardian is responsible for delivering the medication to the school chaperone 5 days prior to departure. Please supply only the amount needed for the field trip.

Name of Student: _____ Date of Birth: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Name of medication: _____ Dose: _____ Times to be given: _____

Student is able to self-carry and administer Emergency Medication (inhaler, Epipen, insulin):

☐ **Yes**

☐ **No**

Comments: _____

_____

Parent/Guardian Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____