



Tailgate Meals

Student Name _____ Student School ID# _____

Parent Name _____

Phone _____ Email _____

The parents who volunteer and coordinate all tailgate meals and food preparation for our students and staff work tirelessly to make sure that all possible food accommodations* are made. To ensure that your student receives the most accurate meal accommodation and to provide us with the most up-to-date information please let us know of any food allergies or other accommodation that we can try to provide to help your student during the 2025/2026 band & guard season.

This will be for ALL tailgate meals and the student/parent are not allowed to decide which meals they will receive these accommodations for

Please identify below if your student needs any of the accommodations for tailgate meals:

_____ Vegetarian	_____ Gluten Free**
_____ No Beef	_____ No Dairy
_____ No Chicken	_____ No Nuts (pecans, peanuts, cashews, walnuts,
_____ No Pork	_____ Other _____
_____ No Fish/Shellfish	_____

**While it is allowed for parents to provide meals to their own students during any event, please email the Tailgate team one week prior to an event if you would like to bring food to share with all students for birthdays or other special occasions. This helps the Tailgate team to adhere to FBISD guidelines in place for child nutrition/dietary needs as well as ensure the safety of all the students as it relates to various allergies.*

***We will try to make this accommodation if the vendor has options, but this is not always guaranteed.*

Known Food Allergies _____

Other _____

Questions or Concerns? Email the Tailgate team at tailgate@travistigerband.org.



Student Medication

Student Name: _____ Student School ID# _____

Procedure for Student Medication on Band Trips, Football Games, Contests:

If your child takes medicine on a regular basis, their medicines will be administered by THS Tiger Band Chaperones at their usual times while on out-of-town trips for the 2025-2026 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications **MUST** be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain, or fever.

Please sign the consent form below if you wish this over-the-counter medicine to be available to your child.

I (parent/guardian) _____, consent to my child receiving if necessary for pain or fever, the following items:

☐

Advil

☐

Cough Drops

☐

Tylenol

☐

Cough Syrup

☐

Sudafed

☐

Tums

☐

Benadryl

☐

Pepto Bismol

Other Medications

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Reason for medication: _____

Parent Name (Print) _____

Parent Signature _____ Date _____