

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
PARENT PERMISSION, RELEASE, AND INDEMNITY FOR TRIPS**

I hereby certify that my son/daughter _____
(Name of Pupil)

has my permission to participate in the trip of the Eastern Hills H. S. Band
(Class or Sponsoring Group)

on the 1st day of August, 2011, to All 2011-2012 Band Field Trips
(Location or Description of Activity)

To the best of my knowledge, he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against the FWISD and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent or guardian.

Signed at Fort Worth, Texas, this 1st day of August, 2011.

(Signature of Parent or Guardian)

(Street Address)

(Zip Code)

(Telephone Number)

Cellular Telephone #

Work Phone #

Do you receive text messages?

Form 829

Complete the back of this form

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
MEDICAL INFORMATION
ADDITION TO PARENT PERMISSION FORM**

This form must be completed for all out-of-district and overnight trips because there are times when a student's illness or injury requires the immediate attention of nearby doctors and/or hospital. The school district employee in charge of the students will attempt to contact a parent, guardian, or family doctor; however, in extreme emergencies, this signed form will be needed as authorization for treatment of the student. (Students who have special medical problems and those who require a specialized medical procedure should be accompanied by a parent/guardian if possible.) Students requiring medication must have a Physician's Medication Request form completed and a parental consent form signed by the parent. All medication must be in a pharmacy labeled container.

I hereby give my permission to do whatever is deemed necessary in case of the illness or injury of my child, _____ in the event that none of the persons listed below can be contacted. I give my full permission for medical services to be rendered for my child by the attending emergency physician or sub specialist.

Business Phone: _____

Name of Parent or Guardian

Home Phone: _____

Address

City State Zip

Name, Address, & Phone Number of Individual to Contact Other Than Parent or Guardian

Name & Address of Insurance Company

(Check one) Individual Policy _____

Group Policy _____

If Group Policy, Name of Employer _____

Policy No. _____ Group No. _____ Contract No. _____

Name, Address, & Phone Number of Family Doctor

Date: _____

Signature of Parent or Guardian

NOTE: This completed form must be in the possession of the teacher at all times during the trip.