

Cypress-Fairbanks Independent School District
Parent Permission Slip

(Date)

I hereby grant my son/daughter/ward _____
(Student's Name)

my permission to attend and participate in any and all activities which are a part of
the _____ instructional field trip.
(School Name)

I understand that the class and instructional field trip activities will be supervised by adult leaders. I hereby release the CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT and all its supervisors, employees, and/or representatives from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries which might be received during class activity, on field trips or in traveling to and from such field trip destinations, except for those for which the School District, its supervisors, employees, and/or representatives do have effective insurance coverage--but only to the extent of such insurance coverage.

(Parent's/Guardian's Signature)

(Address, City, State, Zip Code)

(Telephone number where you may be reached
during the field trip)

I understand that any misconduct (by school authority standards) on my part will result in non-participation in future activities and that severe misconduct might result in my parent being called to come and remove me from an instructional field trip activity.

(Student's Signature)

Cypress-Fairbanks Independent School District
Medical Authorization Form

I/We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint _____ of _____, Houston, Texas, to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my/our absence on

(Date)

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care, or hospitalization may be required.

(Signature Parent/Guardian) (Date)

(Signature Parent/Guardian) (Date)

(Street Address)

(Street Address)

(City) (State) (Zip)

(City) (State) (Zip)

(Phone)

(Phone)

(Witness) (Date)

(Witness) (Date)

Hospitalization coverage for the above-named minor:

(Name of Insurance Company or Government Carrier)

(Identification or Contract Number)

(Family Physician's Name)

(Family Physician's Phone Number)

Insurance Waiver Statement

Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school on co-curricular activities. I have read and understand the insurance waiver statement.

(Signature Parent/Guardian) (Date)

(Signature Parent/Guardian) (Date)

(Student's Name)

(Class Period)

Cypress-Fairbanks Independent School District
Parent Information: Medication Request

If your child will be requiring medication during the field trip, you must supply the nurse with an **empty** prescription bottle with the proper dosage information on the label. The nurse will put one dose of the medication in the bottle for the field trip. Please complete the following information.

I request that the following medication be administered to my child _____ during the field trip.

Name of Medication: _____

Dosage: _____

Time: _____

(Signature of Parent/Guardian) (Date)

If your child is on medication at school, but you do not want the medication administered during the field trip, please notify the school nurse.