

FORT BEND INDEPENDENT SCHOOL DISTRICT
School Health Services



Parent Permission Form for Student Participants

Name: _____

Field Trip and/or Activity: _____

Your child has the opportunity to participate in a school-sponsored activity. Please complete this form to provide the field trip/activity leaders with information relating to your child.

- List any physical limitations (temporary or permanent):
- List any current medications (prescribed or over the counter) taken:
- List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____

ASSURANCES

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation, if provided, will be by school bus or commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency contact person: _____ Phone No: _____