

**CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT**

**PARENTAL PERMISSION SLIP**

I hereby grant my son/daughter/ward \_\_\_\_\_, my permission to attend Cy-Fair High School Choir functions and trips for the 2014-2015 school year. I understand that the field trip activities will be supervised by adult leaders.

I hereby release the Cypress-Fairbanks ISD 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 the field trip, or traveling to and from the field trip destinations, except those which the School District, its supervisors, employees and/or representatives have effective insurance coverage but only to the extent of such coverage.

Parent/Guardian Signature: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work: \_\_\_\_\_

In case I cannot be reached, please contact:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INSURANCE**

Father's Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Employee ID. #: \_\_\_\_\_ Coverage Verif Phone #: \_\_\_\_\_

Mother's Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Employee I.D.#: \_\_\_\_\_ Coverage Verif Phone #: \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies (include drugs): \_\_\_\_\_

Asthma: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Heart Disease: \_\_\_\_\_

Other: \_\_\_\_\_

Prescription medications:

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Please check any non-prescription medications that may be administered to your child

When necessary;

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Midol	<input type="checkbox"/> Emetrol	<input type="checkbox"/> Actifed
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Aleve	<input type="checkbox"/> Imodium	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacid (tablets)	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Cough Syrup	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Dramamine

Other medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

My child has my permission to go swimming in the hotel pool.

Authorization is hereby given for administration of any medical treatment deemed necessary during any choir trip or during any choir activity. Such treatment will be administered only by a licensed nurse, paramedic or doctor.

I agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred on any trip. In case of serious illness, I hereby grant permission for school employees to secure medical services for the student named on this form.

\_\_\_\_\_  
Parent/Guardian signature                      Date

**Do not sign below until Spring semester.**

Spring trip review signature      Date  
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