

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT
Parental 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 _____

class at _____ High School.

I understand that the class and field trip activities will be supervised by adult leaders and I also understand that my son/daughter/ward will be responsible for all of his/her expenses connected with the course and/or its fields trips.

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 which the School District, its supervisors, employees, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

Parent/Guardian's Signature

Address

**Telephone number(s) where you may be reached
during school and field trips.**

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

Student's Signature

Signature Parent/Guardian Date

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

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