

F.I.S.D. Parent Permission and Medical Release Form

(To be used for all school Educational Trips Outside Anderson County)

1. Name of Group: Frankston ISD Bands
2. Event Name: All Frankston ISD Band Trips
3. Departure return time and date: 2018-2019 School Year
4. Planned return time and date: 2018-2019 School Year
5. Cost to individual student: _____
6. Transportation: _____ School Vehicle _____ Commercial carrier
_____ Personal car/van (Name of driver: _____)
7. Parent/guardian should read and retain in his/her possession the attached itinerary with phone numbers.

***PARENT PERMISSION:** _____ has my permission
(Student's Name)

To attend the school trip described above.

MEDICAL RELEASE: While on the above described school trip, if in the judgement of any school Representative, the above student should need immediate medical care and/or treatment as the result of any injury or sickness, I do hereby request, authorize and consent to such care and/or treatment as may be required by said student. This appropriate standard of care and/or treatment may be rendered by any licensed physician, medical technician, nurse or school representative to the degree for which they are qualified. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever regarding such care and/or treatment of said student. Furthermore, to insure prompt medical care, the following information is provided:

Family's Medical Insurance Company: _____

Policy or Group Number: _____

Student's Social Security Number: _____

Family's Home Phone No. _____ Work No. _____

Parent/Guardian Cell Phone No. _____

DISTRICT DISCIPLINE POLICIES:

As the above described trip is a school sponsored activity, all student discipline policies, rules and regulations shall apply and be enforced. An automatic 10(ten) day in-school suspension shall be assessed to any student who violates district policies concerning drugs, alcohol, and/or fighting. Other, more severe, disciplinary actions may also be warranted.

(Student's Signature)

(Date)

(Parent or Guardian's Signature)

(Date)