

WMS BAND TRAVEL & MEDICAL RELEASE

As the parent/guardian of _____, I grant permission for my child to participate in teacher and principal approved field trips with the Warren Middle School Band during the 2020-2021 school year. It is my understanding that the school will advise me by written or verbal notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I realize that any event involves some possible inherent risk of injury to my child. I understand that the Forney Independent School District, as well as its officers, and agents, are granted limited immunity by various statutes and common law principles under state and federal law.

I further understand that as a parent or legal guardian, I may be responsible if my child causes bodily injury to other individuals, causes property damage to personal or real property or engages in conduct that gives harmed individuals the right to restitution.

I have read and understood this **Field Trip Form** and have signed it voluntarily with full knowledge of its significance, invaluable consideration of my child's participation on these WMS Band Trips.

Parent/Guardian Signature _____

Date _____

MEDICAL INFORMATION

Student _____ Gender _____ Date of Birth _____ Grade _____

Street Address _____ City _____ Zip _____

Parent/Guardian _____ Home # _____ Work # _____ Cell # _____

Parent/Guardian _____ Home # _____ Work # _____ Cell # _____

Emergency Contact _____ Home # _____ Work # _____ Cell # _____

Please list any drug or food allergies that may exist: _____

List any health problems: _____

Please list any medications your child is taking: _____

Medical Insurance Company _____ Policy Number _____

Local Doctor's Name _____ Doctor's Work #: _____

In the event of an emergency while my child is on the school sponsored band trip or while participating in related activities, I hereby grant permission to FISD school district employees to take whatever is deemed necessary. In the event I cannot be reached, I authorize FISD employees to give consent for my child to receive medical treatment.

Parent/Guardian Signature _____

Date _____