



FRISCO INDEPENDENT SCHOOL DISTRICT

Parental Permission for Off-Campus Educational Activities

Student _____ Date _____

Parent/Guardian _____

(Address) (City) (State) (Zip)

I hereby grant permission for the above-named student of the Frisco Independent School District of Frisco, Texas, to participate in the off-campus activity designated as

_____ during the school year 2008-2009. I understand that I must provide transportation for my student as a condition of their participation in the activity. If I do not personally provide transportation for my student, I hereby give permission for him/her to drive his/her personal motor vehicle or ride with _____ to and from the educational activity. I understand that Frisco ISD, its trustees, officers, and employees have immunity under Texas law, are not liable for any accident or injuries that may occur to the above named student as a result of his/her participation this field trip, except as may be specifically provided by state law. I understand that my student will be required to comply with all School District standards of conduct and rules for behavior while on the trip, and that failure to do so will result in disciplinary action and/or exclusion from participation in the activity.

I further hereby authorize a representative of the School District to consent to medical treatment of the above-name student in the event of an emergency on the trip.

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Medical Concerns: _____

(Signature of Parent/Guardian)

(Date)

Parent/Guardian Home Phone _____

Parent/Guardian Work Phone _____

Emergency Contact Name _____

Relation to Student _____

Phone _____