Student Activity and Transportation Permission Form

(All information is required to be valid)

(Student's Last Name)	(First)		_	
(Mailing Address)		Independ 505 N	odville ent School District orth Charlton	
(Student's Phone Number)	(Date of Birth)		lle, Texas 75979 9-283-3752	
(Parent's Phone Number)				
minor child's participation in the district has no liability for any pextracurricular activities and that that may occur while my child emergency transportation.	or other school-owned or –provided see activities and the transportation personal injury or death that may of the school district is not responsi- is participating in curricular or ex-	necessary to participate. In participate occur while my child is public for the cost of medical extracurricular activities in the cost of medical extracurricular activities.	I understand that the school articipating in curricular or I treatment for any injuries cluding emergency care or	
(Activity/Field Trip)		(Date	(Date of Activity/Field Trip)	
(Parent Name – Printed)	(Parent	Signature)	(Date)	
This school activity has frequent current school year (additional sig	or repeating trips, I grant permiss gnature required if applicable).	sion to cover all trips rela	ting to this activity for the	
(Parent Name - Printed)	(Parent	Signature)	(Date)	
	Consent to Medical	Treatment		
curricular and extracurricular act	prize the principal or other profectivities to consent to emergency mess participating in curricular and exemergency medical services.	dical treatment for my min	nor child's illness or injury	
Known Allergies:			_	
			_	
Dosage Instructions:			<u> </u>	
Insurance Information:			<u> </u>	
Insurance Responsible Party: _			_	
(Parent Name – Printed)	(Parent	Signature)	(Date)	