

# SPUR INDEPENDENT SCHOOL DISTRICT

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## PARENT PERMISSION RELEASE FORM

Complete entire form and bring with you to place of departure

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**ACTIVITY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PHYSICAL LIMITATIONS:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

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### MINORS RELEASE:

I, parent or guardian of \_\_\_\_\_

do hereby give consent for said minor child to participate in all activities scheduled as part of the above named activity. I further give permission to have emergency first-aid administered by any qualified person in case of illness and/or injury to said minor child and to have said minor child transported by the most expedient means of conveyance to the nearest available physician, hospital, or clinic and to receive such treatment as is medically prescribed. In case of extreme illness or injury while at or enroute to or from the above named activity, I do further agree that the spur Independent School District, their employees or agents individually or collectively, shall not be held responsible or liable for personal injury or loss resulting either on the premises of the above named activity or enroute to or from the activity.

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Signature of Parent or Guardian

Date

Parent/Guardian Contact Phone: \_\_\_\_\_

This authorization extends to medical doctors, nurses, hospital personnel and any other person trained to administer emergency medical aid should the need arise.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the county of Dickens, city of Spur, TX.