



Cypress-Fairbanks Independent School District

Parent Permission Form Career & Technical Education Field Trip

Student Name (Last)	(First)	(Middle)
Campus	Organization	
Parent/Guardian Name	() - Primary phone number	() - Secondary phone number
Secondary Contact Name	() - Primary phone number	() - Secondary phone number

I, _____ (Parent/legal guardian name) give my consent for my son or daughter to participate/travel with the _____ CTE department. If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care. Student safety is a high priority; however, under state law CFISD is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a motor vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored field trip described above, and acknowledging that you are responsible for any medical or other costs associated with a student injury that may occur during the field trip, except as stated above. Students are required to use District-provided transportation if it is provided (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally-required written permissions.). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

Parent/Legal Guardian Signature	_____/_____/20____	() - Insurance phone number
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Name of Insurance Company	Identification or Group Number
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In case of a student emergency, CFISD employees should be knowledgeable your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

- ☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ List Severe Food Allergies _____
- ☐ Daily and Emergency Medications: _____
- ☐ Other Information: _____



Cypress-Fairbanks Independent School District

Parent Permission for School-Sponsored AgScience Activity without using District transportation (primarily livestock events that require the transportation of animal projects)

Student Name	Campus	Grade
Parent/Guardian	() - Primary Phone	() - Secondary Phone
Secondary Emergency Contact	() - Primary Phone	() - Secondary Phone

ACTIVITY: _____

PARENT ACKNOWLEDGMENT: In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above, and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately - in AgScience, this typically only applies to trips where parents are assisting with transportation of animals and students are traveling with their parents). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

PRESCRIPTION MEDICATION ADMINISTRATION: Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

Parent/Legal Guardian Signature _____ /_____/20____
Date

Complete this section **ONLY** if your child requires the administration of a prescription medication during an activity extending beyond the regular school day, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

Parent/Legal Guardian Signature _____ /_____/20____
Date

Revised 3/2017