



# Cypress-Fairbanks Independent School District

## Parent Permission Form Fine Arts 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 \_\_\_\_\_ fine arts 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.

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Date Insurance phone number

\_\_\_\_\_  
Name of Insurance Company Identification or Group Number

**Please provide a copy of the student's current insurance card.**

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: \_\_\_\_\_

\_\_\_\_\_

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