

PASADENA INDEPENDENT SCHOOL DISTRICT  
FINE ARTS FIELD TRIP CONSENT/MEDICAL RELEASE FORM

Your child, as a member of the school group listed below, may be required to miss class(es) to attend activities or events required by the student's participation in this group. A calendar of the year's activities will be sent home with each student.

**PRE-FILED PARENTAL/GUARDIAN PERMISSION**

I agree that \_\_\_\_\_, as a member of \_\_\_\_\_, may  
(student name) (name of group)  
miss class(es) during the year to attend activities or events required by the student's participation in this group.

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
Date

Students will be transported to and from the location of the activities/events by school bus. NOTE: High School students may travel by private automobile to some events. A special permission form, also requiring your signature, must be on file before a student may travel in a private automobile.

**MEDICAL INFORMATION**

Every effort will be made to see that your child is well taken care of; however, since we must be prepared for any situation, please complete the following:

Allergies: \_\_\_\_\_

Any medical history we should know: \_\_\_\_\_

Do we have your permission to take your child to the nearest doctor or hospital should in our opinion the situation warrant this action? \_\_\_\_\_ YES \_\_\_\_\_ NO

The doctor on call, or doctor contacted, has full permission to treat or render emergency care: \_\_\_\_\_ YES \_\_\_\_\_ NO

Family Doctor: \_\_\_\_\_  
(Print Name) (Phone #) (Alternate Phone #)

Please print names and phone number of nearest responsible parties:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I UNDERSTAND THAT ALL STUDENTS ARE GOVERNED BY THE SAME RULES ON THIS TRIP AS AT SCHOOL. I ALSO UNDERSTAND THAT ANY INFRACTION MAY RESULT IN DISCIPLINARY ACTION.

\_\_\_\_\_  
Student name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*I hereby release the Pasadena Independent School District, \_\_\_\_\_ School, and all adult leaders from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this field trip or activity, or in traveling to or from the trip's destination.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

**THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE THE STUDENT WILL BE ALLOWED TO ATTEND ANY OFF-CAMPUS ACTIVITIES WITH THE GROUP.**