



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 Date ____/____/20____ (____)____-____
Insurance phone number

Name of Insurance Company Identification or Group Number

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: _____
