



FRISCO INDEPENDENT SCHOOL DISTRICT

# Parental Permission for Educational Trip

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

I hereby grant permission for the above-named student of the Frisco Independent School District of Frisco, Texas to attend a field trip to any Scoggins Band related trip on (date) \_\_\_\_\_ with Scoggins Band (sponsoring group). I understand that Frisco ISD, its trustees, officers, and employees have immunity under Texas law, are not liable for any accident or injuries that may occur to the above named student as a result of his/her participation this field trip, except as may be specifically provided by state law. I understand that my student will be required to comply with all School District standards of conduct and rules for behavior while on the trip, and that failure to do so will result in disciplinary action and/or exclusion from participation in the activity.

I further hereby authorize a representative of the School District to consent to medical treatment of the above-name student in the event of an emergency on the trip.

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

Parent/Guardian Home Phone \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone \_\_\_\_\_