PILOT POINT ISD FIELD TRIPS/CO-CURRICULAR TRIPS PERMISSION AND EMERGENCY TREATMENT RELEASE

Student Name	Stu	ident Grade	
	, the parent and	d or legal guardian of	
(Parent's Name)			
(Ctudent's Name)	, (grade)	, a minor, hereby acknowledge	
(Student's Name) that said minor is presently under above noted minor, my express pe field trips and to school activities/s scheduled activities inherent in the parent/guardian of the trips ahead	rmission to travel with Pilot Perfunctions during the school years trips. The schools will still	oint ISD school personnel on ar and to participate in all	
It is understood that the student is the time of leaving until returning, must go and return by the same man parents and sponsors.	the same as if in a day of regu	ular school attendance. Students	
I acknowledge that the school and responsibility in case of an accider		m any liabilities and	
Signature (Parent and/or Guard	ian)	Date	
Home phone	Work phone	Cell phone	
In the event of an emergency nece treatment be given by qualified an notified as soon as possible and the directly by me or by my insurance	d licensed medical personnel. at all expenses incurred in trea	I understand that I will be	
CONFIDENT	TIAL MEDICAL INFO	ORMATION	
Family Doctor:	Teleŗ	Telephone:	
Insurance:	Number: _	Number:	
List any pertinent medical infor trouble, diabetes, epilepsy, etc. allergic to:	Indicate any medication or o	drugs to which the student is	
List any regular medications the			
Two other local contacts in case	e of emergency:		
Name:	•		
	Phone:		