

# ALLEN ISD PERFORMING ARTS PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Allen Independent School District ("AISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or activity.

In the event of an emergency necessitating medical attention to the student identified below, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted.

I acknowledge that liability of AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

## HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Present Address: \_\_\_\_\_  
Street City Zip

Parent or Legal Guardian: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Other responsible party: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Health Ins. Tel. # \_\_\_\_\_

<b>Medical History of Student: (Please check Yes or No)</b>	<b>** Please check medication your child can receive</b>							
	Yes	No		Yes	No		Yes	No
Diabetes	___	___	Dizziness	___	___	Acetaminophen (Tylenol)	___	___
Drug Allergies	___	___	Convulsions	___	___	Ibuprofen (Advil)	___	___
Asthma	___	___	High Blood Pressure	___	___	Throat Lozenges/cough drops	___	___
Epilepsy	___	___	Heart Disease	___	___	Antacids (Tums)	___	___
Fainting Spells	___	___	Stomach Disorder	___	___	Lotions, Creams, ointments	___	___
Kidney Disease	___	___	Hay Fever	___	___	Diphenhydramine (Benadryl)	___	___
Liver Disease	___	___						

X

**Parent/Guardian Signature**

Surgery/ies (within the last year): \_\_\_\_\_

Emotional problem (i.e. hyperventilation, hysteria): \_\_\_\_\_

Serious medical problems not mentioned above: \_\_\_\_\_

Tetanus (last injection date): \_\_\_\_\_ Allergies to drugs: \_\_\_\_\_

Allergies to foods & other agents: \_\_\_\_\_

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)  
 \_\_\_\_\_

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know. \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT/PARENT AUTHORIZATION & RELEASE**  
**FOR OFF-CAMPUS ACTIVITIES**

The Allen Independent School District (“AISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Allen Performing Arts program. I understand that AISD may not provide transportation to and from all activities. Students are expected to use school transportation to and from ALL activities, if provided. In the event that AISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

**PARENT/GUARDIAN – STUDENT RELEASE & AGREEMENT**

I HAVE **DISCUSSED** AND **REVIEWED** ALL THE INFORMATION IN THE HANDBOOK WITH MY SON/DAUGHTER, AND I UNDERSTAND ITS CONTENTS AND MY RESPONSIBILITY AS TO THESE POLICIES AND CONDITIONS. MY SON/DAUGHTER HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS AND SCHOOL-SPONSORED EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES. I UNDERSTAND THAT ALLEN ISD AND ALLEN HIGH SCHOOL WILL NOT BE LIABLE FOR INJURIES AND MEDICAL COST FOR STUDENTS. MY SIGNATURE ALSO SERVES AS PERMISSION FOR MY SON/DAUGHTER TO OBTAIN MEDICAL TREATMENT ON A SCHOOL-SPONSORED TRIP.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Student SIGNATURE

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date