

STUDENT ACTIVITY AND TRANSPORTATION PERMISSION 2016-2017

(Last name) (First) (MI) Grade

Phone: _____

Mailing Address: _____

Date of Birth: _____

Many of Morgan Mill ISD's curricular and extracurricular activities involve transporting students from school to the site of the activity using school buses. By my signature below, I consent to my child's participation in those activities and the transportation necessary to participate. I understand that the school district has no liability for any personal injury or death that may occur while my child is participating in curricular and extracurricular activities and that the school district is not responsible for the cost of medical treatment for any injuries that may occur while my child is participating in curricular and extracurricular activities including emergency care or emergency transportation.

(Parent Name—Printed)

(Parent Signature)

Date: _____

Consent to Medical Treatment

By my signature below, I authorize the professional who is supervising curricular and extracurricular activities to consent to emergency medical treatment for my child's illness or injury that may occur while my child is participating in curricular and extracurricular activities. I also authorize emergency transport of my child by available emergency medical services.

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

INSURANCE INFORMATION: _____

INSURANCE RESPONSIBLE PARTY: _____

(Parent Name----Printed)

(Parent Signature)

Date: _____