

PLANO INDEPENDENT SCHOOL DISTRICT

Release of Liability for members of Student Groups to Participate in School-Sponsored Trips

TRAVEL RELEASE

Name of Group: Plano ISD Secondary Science Fair Plano Centre

School Year of Group Activities: 2005-2006

Departure: March 15, 2006 9:15 AM

Return: School Campus 12:30 pm

I desire that my son/daughter be allowed to travel to and from the event attended by the group listed above and to participate in this event.

Printed Name of Parent/Guardian

Signature of Parent or Legal Guardian

Date

Printed Name of Student

Signature of Student (if 18 or more years of age)

Date

NOTE: Student Medical/Emergency Information Card must be on file in the school office.

Day: Home _____ Business _____

Night: Home _____ Business _____

Insurance Company _____ Policy Number _____

1. Please list any allergies or medical problems that we should know about your child.

2. Medication my child will be taking during the above trip.

3. My son/daughter _____ take aspirin as needed for minor illness or discomfort.
may/may not

4. My son/daughter _____ take Pepto-Bismol as needed for minor illness or discomfort.
may/may not

5. My son/daughter _____ take an aspirin-substitute as needed for minor illness or discomfort.
may/may not

6. My son/daughter _____ take planned excursions under the sponsor's supervision.
may/may not

MEDICAL AUTHORIZATION

I, _____, the undersigned, have agreed and do authorize Linda Flack or a Plano I.S.D. staff member the legal right to sign for medical or surgical care of my child _____ Age ()
born ____ / ____ / ____.
 month date year

Signature of Parent of Legal Guardian