Frenship High School Choir
Frenship Independent School District
902 Dowden Avenue / Wolfforth, Texas / 79382 P: 806-866-4440

Permission to Participate and for Emergency treatment
2019-2020

I hereby grant my child/ward permission to attend/participate in and be transported to and from any and all activities which are a part of the Frenship High School Choral Program. I understand that extra-curricular and co-curricular activities will be supervised by adult leaders.

I agree to allow my child (hereinafter “Student”) to travel with a group or individual associated with the Frenship Independent School District (the “District”) on the trip(s) indicated above. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with a student injury. I also acknowledge that the District enjoys significant sovereign immunity for most injuries and other damages occurring to students under its care and supervision even when District negligence is involved.

If Student is 18 years old, he/she also agrees to the terms of this waiver and release by signing below.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its trustees, employees, and agents from all claims made against it or them on behalf of Student.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from Student's actions on the trip and for any expenses resulting from Student’s actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

__________________________________________
Parent/Guardian Signature

__________________________________________
Please print name

__________________________________________
Date

STUDENT ACKNOWLEDGMENT FOR TRIPS:

I understand that any misconduct (by school authority standards and in accordance with Frenship ISD Student Code of Conduct, campus handbook, and Frenship HS Choral Program Handbook) on my part will result in non-participation in future activities of FHS Choral Program and that severe misconduct might result in my parent being called to come and remove me from an FHS Choir extra-curricular or co-curricular activity.

__________________________________________
Signature of student

__________________________________________
Date

__________________________________________
Please print name
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This form should be completed in full. It should enable your child to receive treatment if taken to the hospital by school personnel or sponsor.

I, the undersigned, being the parent or guardian of ______________________________ do hereby authorize officials and sponsors of Frenship Independent School District to admit the aforesaid child to a hospital and authorize medical treatment and/or surgical procedures for the child. In the event the parents or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

_______________________________________
Signature of parent or guardian

___________________
Date

Please print name

Full name of child ________________________________________________________

Birthdate of child _____/_____/_____

Street Address _____________________________________________________________

Mailing Address __________________________________________________________

Phone _______________ Work Phone _____________ Work Phone _____________

Name/Phone # of grandparent or other relative who can be reached if necessary:

________________________________________________________________________

Known medical problems/allergies: __________________________________________

________________________________________________________________________

Last tetanus shot: _______________ Medications needed on trips: __________________

________________________________________________________________________

Child’s private physician/phone #: ___________________________________________

Insurance company & policy #: ______________________________________________

Responsible for payment: __________________________________________________