



Prosper Independent School District

"Committed to Excellence"

Dear Parents:

Students from your child's class will be going on a field trip to All Rogers Band Activities for the 2022-23 School Year. If you have questions, please contact the field trip sponsor, Mr. Joshua Ferman at (469)-219-2150 x71257. This permission statement with the emergency information should be returned to the field trip sponsor by **the first week of classes**.

I/we _____ being the parent(s) or legal guardian(s) of _____, a minor student enrolled in the Prosper Independent School District, do hereby give my/our consent and request that my/our minor child be allowed to participate in school district sponsored field trips away from the school premises. I/we authorize Prosper Independent School District to give consent for all medical treatment that may be necessary to be given to our minor child while my/our child is away from our home or the school premises on any such school sponsored field trip in the event that I/we cannot be contacted before administering any such medical care.

I/we, in our individual capacities and as parent(s) or legal guardian(s) of the above named minor, for and in consideration of the Prosper Independent School District allowing my/our minor child to participate in this field trip, do hereby release, acquit, forever discharge, and do furthermore, indemnify Prosper Independent School District, its Board of Trustees, agents, servants, and employees from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise, made or asserted by anyone (including ourselves), known or unknown, arising now or in the future, which claim or cause of action may be directly or indirectly related to our minor child's participation in a school sponsored field trip.

SIGNED AND AGREED to on this _____ day of _____, of 20_____.

Signature of Parent/Guardian

Daytime Telephone Number

Address of Parent/Guardian

Cell Phone Number

Please be thorough filling out the
Emergency Information on the back. Thank you!

EMERGENCY INFORMATION

Student Name _____ Allergies _____

Known Health Problems? YES _____ NO _____ (If Yes, please complete the following section.)

Health Problem #1 _____ Doctor _____ Phone # _____

Current Medical Treatment _____

Instructions for the school _____

Health Problem #2 _____ Doctor _____ Phone # _____

Current Medical Treatment _____

Instructions for the school _____

In the event of an emergency, does the school have permission to take whatever action it deems necessary, including giving consent for medical treatment for the above named child? (Section 35.01 Texas Family Code)

YES _____ NO _____

I understand that if any medication is to be administered on this trip, the medication must be in the original container and proper labeled (including the student's name).

Parent (Guardian) Name _____ Daytime Phone _____
(Please Print)

Parent (Guardian) Name _____ Daytime Phone _____
(Please Print)

PARENT (GUARDIAN) SIGNATURE _____