

Katy Independent School District

# Parent/Guardian Authorization for Regular Extracurricular Travel

Student's Last Name	First Name	Middle Name	Grade Level 9 10 11 12
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Extracurricular Activity <b>CINCO RANCH FFA CHAPTER/AG DEPARTMENT</b>	School Year
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As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

### Insurance Information

Insurance Company	
Policy Number	Group Number
Insured's Name	

### Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:


### Emergency Contact Information

PLEASE PRINT

Emergency Contact	Relationship
Home Phone	Work Phone
Cell Phone	
Emergency Contact	Relationship
Home Phone	Work Phone
Cell Phone	
Emergency Contact	Relationship
Home Phone	Work Phone
Cell Phone	

### Authorization

Parent's/Guardian's (or Adult Student's) Printed Name	Parent's /Guardian's (or Adult Student's) Signature	Date
Father's/Guardian's Home Phone	Father's/Guardian's Work Phone	Father's/Guardian's Cell Phone
Mother's/Guardian's Home Phone	Mother's/Guardian's Work Phone	Mother's/Guardian's Cell Phone