



# Crandall ISD

## District-Approved Activities/Trip/Competitions Parent Permission Form

Campus: High School  
Teacher/Sponsor: John Nutt / Greg Hamilton  
Principal: Jared Miller  
Purpose of Student Trip: Band Trip to Disney / Orlando, Florida

Class Scheduling Trip: Band  
Trip Destination: Orlando, Disney Theme Parks  
Dates of Trip: June 1st - 5th 2021  
Departure Time: 6am Return Time: 5pm

This form is designed to obtain your permission for your child to participate in the activity listed below. Transportation will be provided by school buses or a district approved vehicle. Please carefully read and complete all information requested below.

- ALL STUDENTS MUST RIDE CISD TRANSPORTATION TO AND FROM THE ACTIVITY.
- CISD WILL NOT OFFER ANY REFUNDS FOR ANY REASON.

*This is to certify that I authorize CISD or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in these activities. 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 student injury.*

*In consideration for my child's participation in the described field trip and activities, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, and all claims for medical expenses, loss of services, injury to person or property, death or other claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trips or activities.*

*In further consideration for my child's participation in the described field trips or activities, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, or that which may result from my child's participation in the trips or activities. I understand that the District, its Trustees, and employees understand this release and I sign it voluntarily and with full knowledge of its significance.*

Student's full name: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Parent/legal guardian name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_