



FRISCO INDEPENDENT SCHOOL DISTRICT



Parental Permission for Educational Trip

Student: _____ Date _____

Class/Organization/Program: FISD Computer Science Programming Scrimmage

Date of event: Dec 10, 2022

Destination: Memorial High School – School Cafeteria Area (12300 Frisco Street, Frisco, Texas 75033)

I desire that my child be allowed to participate in the activity above.

I understand that Frisco ISD, its trustees, officers, and employees have immunity under Texas law, are not liable for any accident or injuries that may occur to the above-named student as a result of his/her participation this event, except as may be specifically provided by state law. I understand that my student will be required to comply with all School District standards of conduct and rules for behavior while at the event, and that failure to do so will result in disciplinary action and/or exclusion from participation in the activity.

Each student and his/her parent/guardian agrees to assume all risk of, and responsibility for, personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student's participation in the trip. Each student and his/her parent/guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself. I further herby authorize a representative of the School District to consent to medical treatment of the above-named student in the event of an emergency on the trip.

If my child is driving to and/or from a destination listed, I certify that my child has a valid driver's license and auto insurance with Texas mandated levels of coverage.

I hereby waive, release, and discharge Frisco Independent School District, its Board members, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the Frisco Independent School District and its employees from all claims for loss, damage, or injury sustained by me/designee or by my child named above.

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature

Date

Parent/Guardian Home Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____