

## KRUM ISD FINE ARTS PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Krum Independent School District ("KISD") Fine Arts Department offers a variety of learning activities, events, trips, at campus and off-campus locations. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, parent and/or legal guardian of the student identified below, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give the student identified below my express permission to attend and travel with school personnel on the activities, events, and trips the school has planned and to participate in all scheduled activities involved in the event or trip. I understand that KISD may not provide transportation to and from all activities. If provided, students are expected to use school transportation to and from ALL activities. In the event that KISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to attend and participate on activities, events, and trips, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless KISD, the KISD Board of Trustees, and any agent, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the activity including, but not limited to, driving or riding to or from the off-campus activity. In the event of an emergency necessitating medical attention to the student identified below, I hereby authorize that treatment be given by qualified and licensed medical personnel, I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted.

### Health and Medical Questionnaire

In the event of an emergency necessitating medical attention, this form will be submitted to the medical professional.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Present Address: \_\_\_\_\_  
Street (include apartment #) City State Zip

Parent or Legal Guardians: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Other responsible party: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

#### Medical History of Student: (Please check Yes or No)

YES NO

Diabetes

Drug Allergies

Asthma

Epilepsy

Fainting Spells

Kidney Disease

Liver Disease

YES NO

Dizziness

Convulsions

High Blood Pressure

Heart Disease

Stomach Disorder

Hay Fever

Severe Food Allergies

#### Please check medication your child can receive

YES NO

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Throat Lozenges/Cough Drops

Antacids (Tums)

Lotions, Creams, Ointments

Diphenhydramine (Benadryl)

Surgery/ies (within the last 5 years): \_\_\_\_\_

Emotional problems (i. e. hyperventilation, hysteria): \_\_\_\_\_

Serious medical problem not mentioned above: \_\_\_\_\_

Tetanus (last injection date): \_\_\_\_\_ Allergies to drugs: \_\_\_\_\_

Specific allergies to food & other agents: \_\_\_\_\_

List ANY medication the student might have cause to use on a trip (i.e. anti convulsive, anti-histamine, insulin, any tranquilizer, etc.): \_\_\_\_\_

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Print): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_