

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT

Parent Permission for School-Sponsored Activity WITH DISTRICT TRANSPORTATION

Event: Wreaths Across America Houston

Date of Event: Saturday 12/15/2018

Student Name: _____ Grade: _____

Parent/Legal Guardian Name(s): _____

Parent Phone Number (s) _____

ACTIVITY: Our Key Club Members will be volunteering at the Houston Wreaths Across America wreath ceremony at Houston National Cemetery (10410 Veterans Memorial Drive). Students need to arrive behind the school near the band area at 8:30 am. The bus will leave promptly at 8:45 am. We will arrive back at Cypress Lakes around 2:45 pm. Students should bring a sack lunch/snack (there is no food available at the event).

PARENT ACKNOWLEDGMENT: In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above, and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally-required written permissions. The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

Signature of Parent/Legal Guardian

Date Signed

Cypress-Fairbanks Independent School District
Parent Information: Medication Request

If your child will be requiring medication during the field trip, you must supply the nurse with an empty prescription bottle with the proper dosage information on the label. The nurse will put one dose of the medication in the bottle for the field trip. Please complete the following information.

I request that the following medication be administered to my child, _____,
during the field trip.

Name of Medication _____

Dosage _____

Time _____

Parent/Guardian Signature _____ Date _____

If your child is on medication at school, but you do not want the medication administered during the field trip, please notify the school nurse.