

Lake Travis FFA

3322 RR 620 South
Austin, TX 78738
512-533-6089

Parent Approval

I hereby certify that my son/daughter/guardianship _____ has my approval, except as noted, to participate in official Career & Technology activities such as field trips, tours, student conventions, trips, leadership contests or other activities under the sponsorship of the Career & Technology Department.

Aware of the risks incidental to said participation, I hereby waive, release, indemnity and agree to hold harmless the LAKE TRAVIS INDEPENDENT SCHOOL DISTRICT and its officers, employees, agents, and representatives for any and all injuries incurred by my son/daughter/guardianship in participation in and transportation to and/or from all official Career & Technology activities except those injuries arising from willful misconduct on the part of said officers, employees, agents and representatives

In the event accident, injury, or illness occurring in my absence necessitates medical attention, you are specifically authorized and given sole discretion to obtain medical attention at such place and from such person or persons as your sole judgment shall determine, and I agree to be financially responsible for the costs involved in obtaining the medical attention.

Signature

Date

Home Phone _____

Business Phone _____

My son/daughter/guardianship is covered by medical insurance policy:

company

policy #

My son/daughter/guardianship DOES NOT have my approval to participate in the following activities:

My child has permission to ride with another student.

Other _____

In the event of accident, injury or illness, certain medical information must be made available to authorized medical personnel.

Blood Type _____

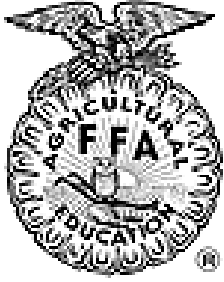
Is the student allergic to any medicine? If so list them _____

Name of family physician _____ Phone _____

Address _____

Parent/Guardian _____ Phone # _____

Address _____



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LAKE TRAVIS HIGH SCHOOL STUDENT PERMISSION FORM

Dear Parent/Guardian:

Your son/daughter is scheduled to participate in the following approved activity provided this form is signed and returned to the sponsoring teacher.

Gordon Butler
Principal

Permission is granted for: _____
Student Name

To take part in: _____

Destination: _____

Date: _____ Time: _____

Mode of Transportation: _____

Teacher sponsoring activity: _____

The Lake Travis Independent School District is hereby relieved of all liability for this trip.

Signature of Parent/Guardian

Date

I understand that all school rules apply while taking part in this activity.

Signature of Student

Date