ALLEN ISD PERFORMING ARTS PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Allen Independent School District ("AISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which you child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or 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.

I acknowledge that liability of AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: _____ Sex _____ Age _____ Date of Birth ___/___/___
Last First MI

Present Address: _____
Street City State Zip

Parents or Legal Guardians: _____ Home Telephone: _____ Cell Phone#: _____

Other responsible party: _____ Home Telephone: _____ Business Telephone: _____

Health Insurance Co.: _____Policy Number: _____ Health Ins. Tel. #_____

Medical History of Student: (Please check Yes or No) **** Please check medication your child can receive**

	Yes	No		Yes	No		Yes	No
Diabetes	____	____	Dizziness	____	____	Acetaminophen (Tylenol)	_____	_____
Drug Allergies	____	____	Convulsions	____	____	Ibuprofen (Advil)	_____	_____
Asthma	____	____	High Blood Pressure	____	____	Throat Lozenges/cough drops	_____	_____
Epilepsy	____	____	Heart Disease	____	____	Antacids (Tums)	_____	_____
Fainting Spells	____	____	Stomach Disorder	____	____	Lotions, Creams, ointments	_____	_____
Kidney Disease	____	____	Hay Fever	____	____	Diphenhydramine (Benadryl)	_____	_____
Liver Disease	____	____						

_____
Parent/Guardian Signature

Surgery/ies (within the last year): _____

Emotional problem (i.e. hyperventilation, hysteria): _____

Serious medical problems not mentioned above: _____

Tetanus (last injection date): _____Allergies to drugs: _____

Allergies to foods & other agents: _____

List ANY medications 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. _____

_____