

EXHIBIT C  
Pflugerville ISD  
Parent Permission and Information for Student Travel Form

I, the parent/guardian of \_\_\_\_\_, give my child permission to travel and to participate in extra-curricular activities with Pflugerville ISD. I release Pflugerville ISD and all employees of financial responsibility, which may arise as a result of any injury to my son/daughter while representing Pflugerville ISD in any camp, contest, practice session, or while traveling to and from the same. I also certify that I have sufficient insurance coverage for any injury, or I am financially able to handle all costs due to any injury.

Signatures:

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Medical Release Form and Hold Harmless Agreement**

To whom it may concern:

I, as the legal guardian of Name: \_\_\_\_\_

hereby authorize any necessary medical treatment for my child while participating in extra-curricular activities or traveling with PflISD. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab drugs, ambulance, etc.) and submit the following medical information.

1. Allergies to foods, medications, etc. (if none, so state) \_\_\_\_\_

\_\_\_\_\_

2. Special medical problems (if none, so state) \_\_\_\_\_

\_\_\_\_\_

3. Does participant carry medications on person? (if so, please state) \_\_\_\_\_

\_\_\_\_\_

Medication \_\_\_\_\_ Purpose \_\_\_\_\_

Medication \_\_\_\_\_ Purpose \_\_\_\_\_

Medication \_\_\_\_\_ Purpose \_\_\_\_\_

4. Date of last Tetanus shot \_\_\_\_\_

5. Family Physician \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

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Student Name: \_\_\_\_\_

Parents' Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Nighttime Phone \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Organization Name: \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

***\*Please include a copy of the family/student insurance card for emergency purposes***

In an emergency, indicate the person to be contacted if parents/legal guardian cannot be reached: Name \_\_\_\_\_ Phone \_\_\_\_\_

The sponsors and/or adults may administer

\_\_\_\_ Tylenol

\_\_\_\_ Aspirin

\_\_\_\_ (Indicate other medication), if needed.

Parent Signature \_\_\_\_\_