

Chisholm Trail Academy

401 S. Old Betsy, P.O. Box 717

Keene, TX 76031

(817) 641-6626 ♦ Fax (817) 556-2009

PARENTAL PERMISSION SLIP – 2008-2009

Instructions to the parents: Please complete this form and return it as soon as possible.

I hereby give permission for my child to participate in the following school activity:

Student's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____

Student cell phone number: _____ TX, Zip Code: _____

In case of emergency, I hereby give permission for the Chisholm Trail Academy staff to secure proper treatment for my child. Please check if any of the following apply:

____ My child needs medication. (Parent is required to furnish medication in the original, properly labeled and correctly authorized container.)

____ My child is allergic to insect bites to the extent that he/she needs medical treatment.

____ My child is allergic to: _____

____ My child has special dietary requirements which I have indicated on the back of this form.

____ My child has other special conditions you should be aware of listed on the back of this form.

Mother's Name: _____ Father's Name: _____

Mother Home Number: _____ Father's Home Number: _____

Mother's Work Number: _____ Father's Work Number: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Alternate Emergency Contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Coverage Policy: _____

I/We are in agreement with and will obey all school rules as announced and/or printed in the school handbook including no drugs, alcohol, or tobacco on this school activity and understand that there are to be no DVD or video players, etc. on the field trip.

Student Signature _____ Parent Signature _____ Date _____