



As part of its educational program, the Irving Independent School District ("IISD") Fine Arts Department offers a variety of learning activities, events, and trips at campus and off-campus locations. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, parent and/or legal guardian of the student identified below, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to attend and travel with school personnel on the activities, events, and trips the school has planned and to participate in all scheduled activities involved in the event or trip. I understand that IISD may not provide transportation to and from all activities. If provided, students are expected to use school transportation to and from ALL activities. In the event that IISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to attend and participate in activities, events, and trips, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless IISD, the IISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the activity, including, but not limited to, driving or riding to or from the off-campus 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.

HEALTH AND MEDICAL QUESTIONNAIRE

In the event of an emergency necessitating medical attention, this form will be submitted to the medical professional.

Student's Name:			Date of Birth:			
Last	First	MI				
Present Address:						
Street (include apartment #)		City		State	Zip	
Parents or Legal Guardians:						
Home Telephone:		_ Cell Phone#: _				
Other responsible party:						
Home Telephone:		_ Cell Phone#: _				
Drug Allergies 0 Asthma 0 Epilepsy 0 Fainting Spells 0 Kidney Disease 0 Liver Disease 0	ck Yes or No) Dizziness Convulsions High Blood Pressure Heart Disease Stomach Disorder Hay Fever Severe Food Allergies			aminophen (Tyle rofen (Advil) at Lozenges/Cou	enol) Igh Drops tments	
Emotional problem (i.e. hyperventilation, hysteri	a):					
Serious medical problems not mentioned above:						
Tetanus (last injection date):	Allergies to	drugs:				
Specific allergies to foods & other agents:						
List ANY medications the student might have cau	se to use on a trip (i.e.	anti-convulsive,	anti-histamine, ir	ısulin, any tranq	uilizer, etc.):	
Please describe any medical/mental problems w	-				and about which you	
think the directors should know.						
Parent Name (PRINT)	Parent Signature			Date		
Student Name (PRINT)	Student Signature			Date		