

Due Friday 4/16/21

KVA can turn in after school at their rehearsal.

Katy Independent School District

Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student



Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity			School Year
KHS Orchestra			2020-2021

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/we hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian:			(Last)	(First)	(Middle)
Father's Home Phone		Father's Work Phone		Father's Cell Phone	
Name of Mother/Guardian:			(Last)	(First)	(Middle)
Mother's Home Phone		Mother's Work Phone		Mother's Cell Phone	

Insurance Information

Name of Insured Policyholder:			Last	First	Middle
Insurance Company					
Policy Number			Group Number		
Type of Insurance Plan					
<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: _____	

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

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Signature of Parent/Guardian:	Date

Due Friday, 4/16/21 so Dr. Hull can approve it.

Katy Independent School District
Permission for Student/Parent-Provided Transportation

Name of Student	Last	First	MI	Grade Level	Home Campus
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For parent transportation

Katy ISD requires students to ride to and from all required activities, competitions, and performances in district-provided transportation. In circumstances where participation in an activity, competition, performance, and/or elective course is optional, Katy ISD is not required to provide transportation; however, in some cases district-provided transportation may be available or may be required for certain activities by the sponsor. For **optional activities, competitions, performances, and/or elective courses only**, a parent may give consent to allow their child to drive to an activity or to arrange another means of transportation, or an adult student (18 years of age) may also choose to drive himself/herself to an activity or to arrange another means of transportation. In addition, Katy ISD parking permit privileges are only issued to students who agree to participate in the random drug testing program.* Written permission for student/parent-provided transportation must be approved and on file with each teacher/sponsor and the campus principal for a student to be allowed any of these privileges.

Parent/Guardian Permission

As the parent/legal guardian of the above-named student or as the adult student named above, I understand that participation in the activity, competition, performance, and/or elective course checked below is optional, that the above-named student has a valid Texas driver's license, and that he/she has my permission to drive to and from the optional activity/location designated as follows:

- Miller Career & Technology Center.** Specific activity/location: _____
- Career Prep/Internship/Rotation.** Specific activity/location: _____
- Gerald D. Young Agricultural Science Facility.** Specific activity/location: _____
- Extra-curricular activities, including athletics.** Specific activity/location: _____
- Special performances.** Specific activity/location: _____
- Special competitions.** Specific activity/location: _____
- Other.** Specific activity/location: _____

*A student testing positive during a random drug test is suspended from driving in accordance with Board policy FNF (LOCAL). This will require the student and/or the student's parent/legal guardian to find alternative means of transportation during a suspension.

Student/Vehicle Information

Texas Driver's License #	Proof of Insurance (Attach)	License Plate #	Make & Model	Color
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As the parent/legal guardian of the above-named student or as the adult student named above, I understand that participation in the activity, competition, performance, and/or elective course checked below is optional and that Katy ISD personnel cannot coordinate transportation other than in a school-approved vehicle; therefore, I will arrange my son's/daughter's/own transportation to and from the optional activity/location designated as follows:

- Miller Career & Technology Center.** Specific activity/location: _____
- Career Prep/Internship/Rotation.** Specific activity/location: _____
- Gerald D. Young Agricultural Science Facility.** Specific activity/location: _____
- Extra-curricular activities, including athletics.** Specific activity/location: _____
- Special performances.** Specific activity/location: _____
- Special competitions.** Specific activity/location: _____
- Other.** Specific activity/location: _____

In addition, I understand that the Katy ISD student code of conduct and additional rules established in regard to the activity, competition, performance, and/or elective course checked above will be enforced. Having chosen student/parent-provided transportation, I understand that late arrival(s) could result in my child's/own removal from the activity. I accept full responsibility in the event of an accident while traveling to or from the above site(s).

Parent/Guardian/Adult Student Signature	Date
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Student Permission

I understand that participation in the activity, competition, performance, and/or elective course checked above is optional. I will adhere to all Katy ISD student code of conduct guidelines, as well as any additional rules established in regard to the activity, competition, performance, and/or elective course for which I am participating including while in transport under the provisions specified above. I also understand that late arrival(s) could result in my removal from participation.

Student's Signature	Date
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FOR CAMPUS USE ONLY

Sponsor's signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Principal's signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

It is the policy of Katy ISD not to discriminate on the basis of sex, disability, race, religion, color, age, or national origin in its educational programs and/or activities including career and technology programs, nor in its employment practices.

Original: Teacher/Sponsor
 Copy to: Student/Parent