

MILES INDEPENDENT SCHOOL DISTRICT  
P.O. Box 308  
Miles, Texas 76861

STUDENT PERMISSION FORM

I give my permission for my child \_\_\_\_\_ to participate in  
\_\_\_\_\_ on \_\_\_\_\_.

I understand and have satisfied myself that he/she will be adequately chaperoned both on the way and while at the above named activity, and normal precautions will be taken in the interest of his/her safety and well-being. I understand and accept the fact that neither the school nor its personnel will be held responsible in any way for accidents, misfortunes, or disobedience and misconduct of my child which might occur in connection with such trips and activities.

My child is being permitted to participate in these trips and activities with my consent and approval. My signature constitutes permission for the above named student to be treated for medical and/or surgical emergency by a private physician or at a hospital at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_

\_\_\_\_\_  
Work Telephone Number

EMERGENCY INFORMATION

Allergies, illness, other limiting physical conditions \_\_\_\_\_

Medical treatment for above conditions \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Health Insurance Policy issued to \_\_\_\_\_

Emergency Name(s) and Telephone Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_