



ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION

Student Name: _____

Activity: Clements HS NAHS club activities

Your child has the opportunity to participate in a school sponsored activity. Please complete this form to provide the activity leaders with information relating to your child.

List any physical limitations (temporary or permanent): _____

List any current medications (prescribed or over the counter) taken: _____

List any allergies including reaction to medication, food, insects, and environment: _____

Name of child's Physician: _____ Phone: _____

Insurance company: _____

Phone: _____ Policy Number: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medication administration that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation, if provided, will be by school bus or commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency contact person: _____ Phone Number: _____