

Flour Bluff Independent School District
Parent Consent for Extracurricular Activities and Medical Authorization

Your child is invited to participate in an extracurricular program. It is understood that “extracurricular” refers to those activities taking place before or after school. Participation in these activities is voluntary, but you must give permission before your child can participate. Your signature below grants your permission.

Your child will be supervised by teachers, coaches, and/or volunteer leaders. Every program has certain unavoidable risks attached to it. We cannot enumerate every risk, but we believe that you are generally familiar with these activities and your child; therefore, you are in the best position to decide whether your child should participate. Flour Bluff ISD and the school principal have approved these activities, but we cannot and do not guarantee that there will be no injuries or damages as a result of participation.

By signing this form, you agree that your child is in good health and may participate in extracurricular activities. By signing this form, you also agree to release the Flour Bluff ISD, elected officials, employees, and volunteer supervisors from any and all damages, as the result of injuries of any kind and/or death that you and your child might suffer as a result of participating in any of these activities.

Should it be necessary for your child to have medical treatment while participating in an activity and a parent cannot be reached, your signature gives the school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. Be advised that school employed nurses and/or trainers are not available to assist a child after hours. This includes medication administration as needed. You should understand any cost incurred for such treatment shall be your sole responsibility.

Student’s Name: _____

Parent/Guardian Signature: _____

Address: _____

Telephone #s: Home - _____ Cell - _____ Work - _____

Medication provided to the school nurse for use during school hours, will be locked in the nurse’s office and not be available after school hours.