PLANO INDEPENDENT SCHOOL DISTRICT

PERMISSION FOR STUDENT TO PARTICIPATE IN SCHOOL-SPONSORED TRIP

Name of Event:

Date(s) of Event: Departure: Return

Destination:

I desire that my son/daughter be allowed to travel to and from the event listed above and to participate in this event.

Printed Name of Parent/Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Printed Name of Student: _____

_____

Note: Student Medical/Emergency Information Card must be on file in the school office.