



Student Travel Permission Slip

Date: _____

My/Our son/daughter _____ has my/our permission to attend/travel to:

_____ on _____ . While I/we realize that all precaution will be taken for the safety of the students, I/we understand neither chaperones or Pflugerville Independent School District will be held responsible in case of an accident. If an accident or sickness should occur, I/we authorize the school's designated representative(s) consent to physician and/or hospital emergency medical and/or surgical treatment. It is understood that all cost of such treatment are my/our responsibility. It is further understood that school authorities will notify parents/guardians as soon as possible if an emergency arises, but in no way is treatment to be delayed until that time.

In addition, I/We completed the Medical Travel form for my/our son/daughter and returned to the sponsor.

Signature of Parent or Guardian: _____

Home Phone: _____

Work Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____