

J. J. PEARCE HIGH SCHOOL CHOIR
RICHARDSON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM

I hereby grant my son/daughter/ward _____, my permission to attend J. J. Pearce High School Choir functions and trips for the 2019-2020 school year. I understand that the field trip activities will be supervised by adult leaders.

I hereby release the Richardson ISD and all its supervisors, employees, representatives, chaperones and/or volunteers from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries or loss of property which might occur during the field trip, or traveling to and from the field trip destinations.

Parent/Guardian Signature: _____ Date: _____

Address/City/Zip: _____

Phone #: Home: _____ Work(M): _____ Cell(M): _____

Phone #: Home: _____ Work(F): _____ Cell(F): _____

In case I cannot be reached, please contact:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____

MEDICAL INSURANCE

Insurance Company: _____ Policy #: _____

Employee ID. #: _____ Coverage Verif Phone #: _____

Name of Policy Holder: _____

Insurance Company: _____ Policy #: _____

Employee I.D.#: _____ Coverage Verif Phone #: _____

Name of Policy Holder: _____

