

TISHOMINGO PUBLIC SCHOOLS  
1300 East Main  
Tishomingo, OK 73460

MEDICAL CARE AUTHORIZATION  
AND  
PARENTAL PERMISSION FOR EXCURSION

\_\_\_\_\_ has my permission to engage in  
(Student)

the following school activity: \_\_\_\_\_

\_\_\_\_\_  
(Instructor)

\_\_\_\_\_  
(Class)

I am aware that only general supervision of the pupil in the activity can be given: that neither the school district nor any of its employees are liable for any injury to the pupil from such activity, including use of the school or chartered bus, or private conveyance; and to hold the school district and all of its employees harmless on any claim for damages made by or growing out of the activity, including all expense of defending same.

STUDENT'S BIRTHDATE \_\_\_\_\_ STUDENT SEX \_\_\_\_\_

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S WORK \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S WORK \_\_\_\_\_ PHONE \_\_\_\_\_

If I cannot be reached, please notify one of the persons named below:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of accident or serious illness, if one of the above named persons can be contacted, I authorize a representative of the Tishomingo Independent School District to take my child to  
Dr. \_\_\_\_\_ or the nearest hospital for treatment by a licensed physician.

\_\_\_\_\_  
(Date) (Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Principal)