

Talent Academy
4835 Highway 6 Missouri City TX 77459

Field Trip Permission Form

I give my permission for my child/ward _____ to attend all Talent Academy sponsored events and field trips. I hereby give my complete and explicit permission for the child identified above to attend ALL events and field trips, even in the instance where a specific field trip permission form has NOT been returned to Talent Academy with my signature. I understand that Talent Academy will not be held liable for any bodily injury incurred during any field trip, event or other Talent Academy activity and hereby indemnify and relieve them of any such liability. I authorize Talent Academy staff (paid or volunteer) to take any reasonable action designed to help ensure the safety, health and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

Medical Authorization Form

I hereby authorize the Staff of Talent Academy (paid or volunteer) to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child/ward's health when I cannot be easily contacted. My child has the following allergies, dietary restrictions, or medical conditions:

Medications _____

In case of emergency, I can be reached at (____) ____-____ or (____) ____-____

If unable to reach me, please contact: Name: _____

Relationship: _____ Phone (____) ____-____

I understand and agree that I may revoke this Field Trip Permission and Medical Authorization at anytime by delivering a written revocation to the Talent Academy. Parent/Guardian

Signature _____ Date: ____/____/____