



*Career and Technology Education Department*

---

**PARENT PERMISSION FORM**

\_\_\_\_\_ School Year

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, give our expressed permission for him/her to participate in the \_\_\_\_\_ to be held in \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_.

I/We further agree to indemnify and hold harmless, BIRDVILLE I.S.D. and the teacher, and any volunteer leaders or directors, for any harm which might befall my/our son/daughter. I/We understand that both prudent and reasonable care will be taken to insure his/her safety.

I/We also give my/our express permission for you to seek emergency medical treatment, to include surgery, should such an emergency arise, for our son/daughter.

I/We understand and agree to the above conditions and rules on the reverse side as indicated by my/our signature(s) below.

Parent's/Guardian's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**My signature signifies that I agree to abide by the conference rules on the reverse side of this form.**

Student's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

