



FORM E

FIELD TRIP PARENT/GUARDIAN PERMISSION & MEDICAL INFORMATION

ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

I, _____ agree to allow my son or daughter,
(parent/guardian signature)

_____, to attend the following field trip or out of school activity.
(student's name)

Destination/Detailed Description Of Activity and Educational Purpose:

Date of field trip/activity:	Time of departure:	Time of return:
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Group/Class/School Club:

Sponsor of the field trip/activity:

Transportation Being Provided (Check all that apply.):

- School Bus
 Commercial/Charter Bus
 Public Transportation
 Personal Vehicle
 Leased Vehicle
 None (provide your own or none needed)

Drivers of Private or Leased Vehicles (Check all that apply.)

- Teacher or Staff Member
 Parent
 Student
 Other Adult

Health Services

Will your child require the administration of any medication or medical procedure while on the field trip?

- Yes
 No

If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:

Time:

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.

In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian:	Date:
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Daytime phone:	Emergency contact:	Phone:
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Spring Independent School District – Office of School Leadership

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