SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

FIELD TRIP PERMISSION

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

I, _____ *(parent/guardian),* agree to allow my son or daughter, _____ *(student's name),* to attend the following field trip or out-of-school activity.

Destination/Detailed Description Of Activity and Educational Purpose *(a complete itinerary of the field trip/activity shall be included with this parent permission form)*:

Choir students involved with Festival Choir will go to Six Flags for an afternoon of fun in the sun! Please wear pink choir shirt. Shorts must have an inseam of at least 3". Bring money for food/drinks and sunscreen.

Date of field trip/activity: **Friday, June 5, 2015** Time of departure: **1:00 pm** Time of return: **8:30 pm**

Group/Class/School Club: **Choir**

Sponsor of the field trip/activity: Jessalyn Bernhard

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

For a trip returning to school *after* the end of the school day, my son/daughter will *[check one]:*

☐ be picked up by me or another adult ☐ ride the bus home
☐ walk home ☐ other arrangement: _____

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: _____

Daytime phone: _____ Emergency contact: _____ Phone: _____

***Notice to Parents**: If there is any activity listed on the itinerary of the field trip/activity that you do not wish for your child to participate in, please notify the school staff. You may list the activity on the back of this parent permission form.*

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.