

## ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

Student Name:	
School-sponsored trip to:	
	pate in a school-sponsored trip. Please complete this form to provide on the trip with information relating to your child.
Teacher:	Date:
List any physical limitations (temporary	or permanent):
List any current medications (prescribed	or over the counter) taken:
List any allergies including reactions to r	nedications, food, insects, and environment:
Name of child's physician:	Phone:
Insurance company:	Phone:
Policy Number:	Group Number:
ACKNOWL	LEDGEMENT OF RESPONSIBILITY
medications administered that would nor medical treatment. I also acknowledge th	re my child permission to participate in this activity, to have any rmally be given at school, and that I authorize any needed emergency at I have been informed that Fort Bend Independent School District ortation will be provided by the district or a commercial carrier.
Parent Signature:	Date:
Address:	
Home Telephone:	Work Telephone:
Emergency contact person:	Phone No:

Fort Bend Independent School District