

STUDENT ID# _____

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

Student Name: _____

School sponsored trip to: _____

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teacher accompanying the student on this trip with information relating to your child.

Teacher: _____ Date: _____

List any physical limitations (temporary or permanently): _____

List any current medications (prescribed or over the counter) taken: _____

List any allergies including reactions to medications, food, insects, and environment: _____

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from liability. Transportation will be provided by the District or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____