



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 teachers accompanying the students 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 medications, food, insects, and environment:

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____ Group 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 any liability. Transportation will be provided by the district or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency contact person: _____ Phone No: _____