PERMISSION FOR STUDENT PARTICIPATION IN A SCHOOL SPONSORED TRIP

FIELD TRIP PERMISSION

Student_____ Campus_____

Activity_____ Date_____

Location _____ Times_____

Mode of Transportation

District Bus/Vehicle ☐ Charter Bus ☐ Private Passenger ☐

_____ as parent/guardian of _____

Name of parent/guardian **Name of student**

I give my permission for said student to participate in the above activity and fully understand and acknowledge all of the activities involved and risks to be encountered by participating in the above described district trip.

RELEASE OF LIABILITY

I, **(name of parent/guardian)**_____ agree to and hereby release and hold harmless Harlandale I.S.D., its trustees, employees, agents, sponsors, and volunteers from all legal responsibility, including claims, demands and lawsuits, resulting from any or related to any incidents or activities arising from or connected in any manner with this Harlandale Independent School District sanctioned activity, including, but not limited to, liability, damages, legal fees or costs caused by or related to the negligence or intentional act of Harlandale I.S.D., its trustees, employees, agents, sponsors, or volunteers.

In case of emergency and with the approval of the activity sponsor or Harlandale I.S.D. Administrator-in-Charge of said activity, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital, including surgical procedures for the above mentioned student. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

_____ _____ #_____ #_____

Signature of parent/guardian **Date** **Phone numbers in case of emergency**

MEDICAL RELEASE AND EMERGENCY INFORMATION

Student's Name_____ Date of Birth __/__/__ Grade _____ Teacher_____

Alternate Adult_____ Phone #_____ Relationship _____

Family Doctor_____ Phone #_____ Preferred Hospital_____

Are there any special medical needs, conditions, or allergic reactions? ☐ Yes ☐ No

If yes, please explain:_____

_____ _____

Signature of parent/guardian **Date**

IMAGE RELEASE

I, **(name of parent/guardian)**_____ understand that pictures and/or video may be taken of my child while participating in this activity. The photographs/video may be used to positively promote the event, school and/or district in several forms of media, including, but not limited to, the website, newspaper and newsletter.

_____ _____

Signature of parent/guardian **Date**

NOTE: Failure to sign and return this permission slip will prevent your child from participating.