

PLEASE RETURN TO _____ BY _____

ROUND ROCK INDEPENDENT SCHOOL DISTRICT

District-Wide Parental Permission for Secondary Field/Educational Trip Release of All Claims and Consent to Medical Treatment

I, _____ (parent/guardian), give my son or daughter, _____ (student's name), permission to attend the following field/educational trip:

Destination/Description of Field/Educational Trip/Sponsor's Name *(school use only)*:

EMERSON/GIRLS' STEM DAY/ISOKPUNWU

If this form is used for travel to and from the RRISD PAC, or other RRISD Venues, please describe *(school use only)*:

Date of field/educational/PAC/RRISD Venues trip: FEB. 18th
Departure Time: 1:00 PM Time of Return: 4:00 PM

Transportation provided by: ☒ Round Rock ISD School Bus ☐ Commercial/Charter Bus

☐ Student will drive his/her own vehicle ☐ Parent will drive student to trip location

☐ Round Rock ISD Suburban

Cost: 0.00 ☐ Cost is paid by RRISD ☐ Cost is paid by student

Other information *(school use only)* _____

Student's Emergency Contact:

Name: _____ Phone Number: _____

Medical Needs

Does your student have any (Check all that apply):

☐ Medical conditions ☐ Drug Allergies ☐ Food Allergies

If so, list the conditions and/or allergies: _____

Is your student currently taking any medication? ☐ Yes ☐ No

If so, list the medication and time for administration: _____

You and your student agree to abide by all special field trip regulations, local school rules, and rules outlined in the Student/Parent Handbook. Failure to follow regulations and rules may result in removal from the field/educational trip and/or disciplinary action. Your child's teacher, school staff, and approved parent-volunteers will chaperone this trip.

Release of All Claims and Consent to Medical Treatment

By signing this form, I release and discharge the Round Rock Independent School District, its agents, employees and officers from all claims, demands, actions, judgments, and executions which I have or which my heirs, executors, administrators, or assigns may have or claim to have against Round Rock Independent School District, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, caused or arising out of the above described field/educational trip.

I further authorize a representative of Round Rock Independent School District **to consent to medical treatment** of the above-named student in the event of an emergency on the field/educational trip.

I, the undersigned, have read this Parental Permission for Field/Educational Trip, Release of All Claims, and Consent to Medical Treatment and understand all of its terms and conditions.

Signature of Parent/Guardian

Date

Signature of Student (if student is capable of signing)

Date