

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP**

Student Name: _____

Field Trip and/or Activity: _____

Your child has the opportunity to participate in a school-sponsored activity. Please complete this form to provide the field trip/activity leaders 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 medication, 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. I give authorization to have any medications administered to my child that would normally be given at school. 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, if provided, will be by school bus or commercial carrier.

Parent Signature: _____ **Date:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____

Emergency Contact Person: _____ **Phone No.** _____