

GARLAND INDEPENDENT SCHOOL DISTRICT

**Elementary and Secondary Field Trip Form
Parent/Guardian Permission to Take Field Trip**

School _____ Teacher-Sponsor _____

Date of Trip _____

A field trip has been planned for the _____ (grade or organization)

on the above date to go to _____.

The method of transportation will be _____. Students will leave at

Approximately _____ (a.m.-p.m.) and return at approximately _____ (a.m.-p.m.).

_____ has permission to go on the above described school-sponsored trip.

I/We the parents of the above named student, in consideration of the Garland Independent School District agreeing to take my child on said school-sponsored field trip, hereby give my/our approval to his/her participation therein. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Garland Independent School District, the teachers, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from such field trip, for any claim arising out of an injury to my/our child, whether said injury occurs at such field trip or while being transported to or from same.

Parent's or Guardian's Signature

Date

(PLEASE COMPLETE OTHER SIDE)

GARLAND INDEPENDENT SCHOOL DISTRICT

Elementary and Secondary Field Trip Form

Permission for Medical Treatment

Student's Name _____

Address _____

Parent's home phone _____ Business Home _____

Person other than parent to be notified in case of emergency _____

Phone _____

Family doctor _____ Phone _____

In the event of an emergency occurring while my son/daughter is on a school-sponsored trip, I hereby grant permission to the school and/or its employees to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment.

Parent's signature _____

Date _____

If you do **not** give permission or authorization for consent to medical treatment, what procedure should be followed? (Please state)

1. What was the date of your child's last tetanus shot? _____

2. To your knowledge, is he/she allergic to any medications? (Please state and list) _____

3. If the student is receiving medication, please list name of medication, dosage, and time to be taken _____

4. Please list/describe any specific health problems or medical information that might be relevant in case of illness/accident. _____

