



Kempner High School

FMG-E-1

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

Student Name: _____

School-Sponsored trip to: Science Olympiad @ Lone Star College - Cy Fair

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.

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: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medication 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: _____

ASD 09.01