

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

Student Name: _____

School-sponsored trip to: _____

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.

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 medications, food, insects, and environment:

Name of child's physician: _____ **Phone:** _____

Insurance company: _____ **Phone:** _____

Policy Number: _____ **Group Number:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

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

Fort Bend Independent School District