

CUBA INDEPENDENT SCHOOL DISTRICT



STUDENT FIELD TRIP PERMISSION SLIP

SPONSOR: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

PLACE OF ACTIVITY: \_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

CURRICULUM JUSTIFICATION: \_\_\_\_\_

TRANSPORTATION TO BE USED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT CELL PHONE (IF APPLICABLE): \_\_\_\_\_

The undersigned parent or legal guardian does hereby give permission for the above named individual to attend the described activity.

As a condition of attending the described activity, I do hereby release The Cuba Independent School District and all its organizations, as well as their officers, agents and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event.

I further agree that the financial responsibility for securing care, in case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that The Cuba Independent Schools cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the program activities.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. I hereby authorize any licensed physician or medical center to treat my child.

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_