# *Turn in to your classroom teacher by April 1, 2019*

 **ROUND ROCK INDEPENDENT SCHOOL DISTRICT**

**District-Wide Parental Permission for Elementary Field/Educational Trip Release of All Claims and Consent to Medical Treatment**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian), give my son or daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student's name), permission to attend the following field/educational trip:

# Destination/Description of field/educational trip

Austin Science Nature Center

**Date of field/education trip:** April 11, 2019 **Departure Time:** 9:45 am **Time of Return:** 2:10 pm

**Lunch to be provided by:**

□ Child will bring a sack lunch

□ Child will pay for a school sack lunch

□ Child receives a school lunch daily and will be provided with a school sack lunch

**Transportation provided by:**  Round Rock ISD School Bus

**Child’s Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Needs**

Does your child have any (Check all that apply):

□ Medical conditions □ Drug Allergies □ Food Allergies

If so, list the conditions and/or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medication? □ Yes □ No

If so, list the medication and time for administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please turn over and make sure to SIGN the back page before turning in this form.**

**You and your child agree to abide by all special field trip regulations, local school rules, and rules outlined in the Student/Parent Handbook. Failure to follow regulations and rules may result in removal from the field/educational trip and/or disciplinary action. Your child’s teacher, school staff, and approved parent-volunteers will chaperone this trip.**

1

# Release of All Claims and Consent to Medical Treatment

By signing this form, I release and discharge the Round Rock Independent School District, its agents, employees and officers from all claims, demands, actions, judgments, and executions which I have or which my heirs, executors, administrators, or assigns may have or claim to have against Round Rock Independent School District, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, caused or arising out of the above described field/educational trip.

I further authorize a representative of Round Rock Independent School District **to consent to medical treatment** of the above-named student in the event of an emergency on the field/educational trip.

I, the undersigned, have read this Parental Permission for Field/Educational Trip, Release of All Claims, and Consent to Medical Treatment and understand all of its terms and conditions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student (if student is capable of signing) Date**