

# KENNARD INDEPENDENT SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

Dear Parents:

A school sponsored trip is being planned. It is felt that your son or daughter will benefit through this educational experience and every precaution will be taken to insure the safety of all students engaged in this activity. We are requesting your consent for your child's participation. Please authorize the sponsor/sponsors of such trip to secure emergency medical attention, in your behalf, for your child if it is thought to be necessary during such trip, and to release the school district and those in charge from responsibility for accidents. Please note at the High School Campus, participation in filed trips will strictly go by UIL regulations as well as the state's no pass-no play rules.

Date or dates of trip: \_\_\_\_\_

Depart \_\_\_\_\_ o'clock \_\_\_\_M. on \_\_\_\_\_ from \_\_\_\_\_

Return \_\_\_\_\_ o'clock \_\_\_\_M. on \_\_\_\_\_ from \_\_\_\_\_

Purpose and destination: \_\_\_\_\_

Transportation: \_\_\_\_\_

Sponsor or sponsors: \_\_\_\_\_

Remarks: \_\_\_\_\_

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My son/daughter \_\_\_\_\_, has permission to attend a field trip to \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_.

In case of an emergency I give my permission for \_\_\_\_\_ to receive emergency medical treatment.

In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_