

**ROUND ROCK INDEPENDENT SCHOOL DISTRICT**

**District-Wide Parental Permission for Secondary 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/Sponsor's Name** *(school use only):*

Westwood HS Chamber Choir Caroling Trip

**If this form is used for travel to and from the RRISD PAC, or other RRISD venues, please describe** *(school use only):*

Caroling at Grisham and Canyon Vista Middle Schools

**Date of Field/Educational/PAC/RRISD venue Trip:** 12/18/2018      **Departure Time:** 9:15 a      **Time of Return:** 12:00 p

**Transportation provided by:**     RRISD School Bus                       RRISD Suburban                       Commercial/Charter Bus  
 Student will drive his/her own vehicle                       Parent will drive student to trip location

**Cost:** \$0     Cost is paid by RRISD                       Cost is paid by student

**Other information** *(school use only):* n/a

**Student's Emergency Contact:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Needs:**

Does your student have any (check all that apply):     Medical Conditions                       Drug Allergies                       Food Allergies

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

Is your student currently taking any medications?     YES                       NO

If so, please list the medication(s) and time for administration: \_\_\_\_\_

**You and your student 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. You child's teacher, school staff, and approved parent-volunteers will chaperone this trip.**

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