



Student Trip Permission Form

Student Trip Permission Form

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.

Student Trip Disclaimer

- A student trip has been scheduled for your child. Although the location is not associated as a water based venue [ie. Six Flags, Sandy Lake, Fort Worth Zoo. etc...] there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim, stand, wade, or walk in the water. Additionally, there will be no beach or shoreline activities unless the trip has been specifically approved for a specified curricular reason [ie. Science Lab testing for microbes in a pond].
 - The specified venue and/or hotel swimming pools are off limits as well, unless there is a lifeguard supplied by the venue or hotel and on duty. In this case, the school official will set parameters.
 - Any student who violates these instructions will be sent home at the parents' expense.
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This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.

Campus/Class:	Destination:
Departure Date/Time:	Return Date/Time:
Return the Form to:	Date Form is due:

Student Last (print)	First	MI	Student's Date of Birth	Student Grade
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I hereby grant permission for (student name) _____ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), staff or chaperones to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian Last (print)	Phone #	Cell #	Doctor Name and Phone #
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Parent/Guardian (signature)	Alternate Emergency Contact Name and Phone#
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