

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT  
PARTICIPATION IN FIELD TRIP**

Student Name: \_\_\_\_\_

Field Trip and/or Activity: \_\_\_\_\_

Your child has the opportunity to participate in a school-sponsored activity. Please complete this form to provide the field trip/activity leaders with information relating to your child.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

List any physical limitations (temporary or permanent):

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RESPONSIBILITY**

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation, if provided, will be by school bus or commercial carrier.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone No: \_\_\_\_\_