

## SAN ANTONIO INDEPENDENT

## SCHOOL DISTRICT FIELD TRIP

## **PERMISSION**

## ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

Ι,	(parent/guardian), agree to allow my son or daughte	er, <del>(student's name)</del> ,
	to attend the following field trip or out-of-sch	nool activity.
<b>Destination/Detailed Description O</b> <pre>parent permission form):</pre>	f Activity and Educational Purpose (a complete itin	nerary of the field trip/activity shall be included with this
	HOOLS SUMMER STUDIO @ TEXAS	A&M SAN ANTONIO
ALA CEUDENIEC WILL BE BUCED BAN	TV FDOV ALL O FOV TECH TO TEVAS AS WELL	NANTONIO AND BACK TO ALAO FOR TECH
ALA STUDENTS WILL BE BUSED DAI	LY FROM ALA @ FOX TECH TO TEXAS A&M SA	N ANTONIO AND BACK TO ALA @ FOX TECH.
Date of field trip/activity: JULY 18-22	2, 2022 Time of departure: 8:30am Time of return:	3:30pm
Group/Class/School Club: RISING	ALA 9th graders	
	GO LERMA, ALA Science Teacher hlerma1@s	aisd.net
Transportation Being Provided (Chec School Bus Commercown or none needed)	k all that apply.): iial/Charter Bus Public Transportation Personal Veh	icle Leased Vehicle None (provide your
Drivers of Private or Leased Vehicles (Check all that apply.)  Teacher or Staff Member Parent Student Other Adult		
For a trip returning to school <i>after</i> the be picked up by me or a walk home	e end of the school day, my son/daughter will [check nother adult ride the bus home other arrangement:	k one]:
	istration of any medication or medical procedure what the medication(s) and/or procedure(s) with times	
Student Agreement While participating on this field trip, all times. Student's Signature:	_	nduct and appearance, and I will follow directions at
acute illness suffered or injury sustained v		all emergency medical care and treatment for my child for while student safety is a high priority for the District, under
In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.		
In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.		
Signature of Parent/Guardian: Date:		
Daytime phone:	Emergency contact:	
	v listed on the itinerary of the field trip/activity that you do rhool staff. You may list the activity on the back of this pare	

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

Revised September 2010 FORM E2-A