

CAST Lead HS FIELD TRIP PERMISSION

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

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of school activity.

Destination/Detailed Description of Activity and Educational Purpose (a complete itinerary of the field trip/activity shall be included with this parent permission form):

A&M SA for CAST Network Summer Studio Adventure - One University Way
San Antonio, TX 78224

Date of field trip/activity: **July 18th-22rd** Time of Departure: **8:30 am** Time of Return: **3:30 pm**

Group/Class/School Club: **Discover U Freshman Studio**

Sponsor(s) of the field trip/activity: **Matthew Gibson**

Lunch: Needs to bring a lunch from home

Notes: If lunch is provided for a specific day, we will notify students in advance, light breakfast will be provided

Transportation being provided (check all that apply):

- School Bus** Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
- None (provide your own or none needed)

For a trip returning to school after the end of the day, my son/daughter will (check one):

- Be picked up by me or another adult ride the bus home
- walk home other arrangement: _____

Health Services

Will your child require the administration of any medication or medical procedure while on the field trip?

- Yes No If yes, please indicate the medication(s) and/or procedures with times for administration:

Medication/Procedure: _____ Time: _____

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date: _____

PARENTS, PLEASE COMPLETE ALL INFORMATION ON THIS FORM AND RETURN BY : Friday, July 16th

The District, School Board Members, employees and any third-party agents are not waiving any sovereign or governmental immunity under Texas law.

Printed Student Name: _____ Printed Parent Name: _____

Mother's Name: _____ Best Phone Number/s: _____

Father's Name: _____ Best Phone Number/s: _____

Family Doctor: _____ Office Phone Number/s: _____

Insurance Company: _____ Group # : _____ Phone Number: _____

My child will be under supervision by district employees and approved adult chaperones and is subject to discipline for his/her conduct during the trip according to the District Student Code of Conduct.

- I give permission/authorization to the District personnel to take my child to a physician, hospital, or other medical institution for treatment when personnel determine it is advisable. Medical treatment may need to be sought before a parent can be notified. I understand I am responsible for any medical expenses incurred for treatment of my child.
- Medication normally dispensed at school will be dispensed to my student during the field trip by designated school staff.
- I understand that if my child has a medical condition not identified in the campus nurse's office, I must contact the school nurse and update medical information as soon as possible.
- My signature indicates agreement to conditions for the field trip and I certify that I am the parent and/or legal guardian of the student (identified on this form) who is a minor and is legally under my care and custody.

Parent/guardian signature: _____ Date: _____

Updated 5/2019