

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 daughter, |
|--|--|
| (student's name), to a | ttend 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): | |
| CAST SCHOOLS SUMMER STUDIO W/ SAY SI @ TEXAS A&M SAN ANTONIO | |
| | |
| Date of field trip/activity: July 18-22 Time of departure: | 8:30 Time of return: <u>3:30</u> |
| Group/Class/School Club: New 9 th grade students to CAST TECH HS | |
| Sponsor of the field trip/activity: 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) | |
| Drivers of Private or Leased Vehicles (Check all that apply.) ☐ Teacher or Staff Member ☐ Parent ☐ Student ☐ Other Adult | |
| For a trip returning to school <u>after</u> the end of the school day, my son/daughter will [check on be picked up by me or another adult ride the bus home walk home other arrangement: | e]: |
| Health Services Will your child require the administration of any medication or medical procedure while trip? If yes, please indicate the medication(s) and/or procedure(s) with times for administration | ☐ Yes ☐ No |
| Medication/Procedure Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conductimes. | et and appearance, and I will follow directions at all |
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| Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conductimes. Student's Signature: Direction of the Superintendent or a designated representative to secure a my child for acute illness suffered or injury sustained while participating in this trip or activity. | et and appearance, and I will follow directions at all ate: any and all emergency medical care and treatment for ay. I understand that, while student safety is a high liated with student injury. pressly hold harmless from and waive against the story, loss of services, injury to person or property, death, as of the cause of such claims, actions, or liabilities or |
| Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conductimes. Student's Signature: Difficulty of the District, under State law, the school is not responsible for medical costs associated representative to secure a my child for acute illness suffered or injury sustained while participating in this trip or activity priority for the District, under State law, the school is not responsible for medical costs associated in the consideration for my child's participation in the above-described field trip or activity, I expositive, its Trustees, employees, agents, and assigns, any and all claims for medical expenses or other claims, actions, or liabilities made against it or them on behalf of my child, regardless. | ate: |
| Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conductimes. Student's Signature: District, its Trustees, employees, agents, and assigns, from and against any and all suits, actic character, type, or description, including attorney's fees and court costs, made by third participation in the trip or activity. I understand that the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actic character, type, or description, including attorney's fees and court costs, made by third participation in the trip or activity. I understand that the District, its Trustees, employees, and governmental immunity, which it or they have under Texas law. I have read and understand | ate: |
| Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conductimes. Student's Signature: Do This is to certify that I authorize the Superintendent or a designated representative to secure a my child for acute illness suffered or injury sustained while participating in this trip or activity priority for the District, under State law, the school is not responsible for medical costs associated In consideration for my child's participation in the above-described field trip or activity, I expositive, its Trustees, employees, agents, and assigns, any and all claims for medical expenses or other claims, actions, or liabilities made against it or them on behalf of my child, regardles any concurrent or contributing fault or negligence of it or them as such may result from my child in further consideration for my child's participation in the above-described field trip or activity. District, its Trustees, employees, agents, and assigns, from and against any and all suits, actic character, type, or description, including attorney's fees and court costs, made by third participation in the trip or activity. I understand that the District, its Trustees, employees, and governmental immunity, which it or they have under Texas law. I have read and understand knowledge of its significance. | et and appearance, and I will follow directions at all ate: Inny and all emergency medical care and treatment for ty. I understand that, while student safety is a high iated with student injury. Pressly hold harmless from and waive against the states, loss of services, injury to person or property, death, is of the cause of such claims, actions, or liabilities or hild's participation in the trip or activity. Ity, I also agree to indemnify and hold harmless the ons, losses, damages, claims, or liabilities of any is against it or them which may result from my child's agents are not waiving any sovereign or this release and sign it voluntarily and with full Date: Phone: |

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