## EHS ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

Student	Name: ID:
Class o	f 2024 Senior Walks at Elementary Campus (Based on Student Sign-Up Genius):
	Commowealth Elementary School; 4909 Commonwealth Blvd, Sugar Land, TX 77479
	Quail Valley Elementary School; 3500 Quail Village Dr, Missouri City, TX 77459
	Austin Parkway Elementary School; 4400 Austin Pkwy, Sugar Land, TX 77479
	Lantern Lane Elementary School; 3323 Mission Valley Dr, Missouri City, TX 77459
	Palmer Elementary School; 4208 Crow Valley Dr, Missouri City, TX 77459
	Sullivan Elementary, 17828 Winding Waters Ln, Sugar Land, TX 77479
	Settlers Way Elementary, 3015 Settlers Way Blvd, Sugar Land, TX 77479
	Sonal Bhuchar Elementary, 5503 Thompson Ferry Rd, Missouri City, TX 77459
and gov	udent has the opportunity to participate in a field trip to the marked elementary campus to walk the halls in cap whom on Friday, May 17, 2024.  Please be advised that transportation will be provided to and from Elkins High School and the identified elementary school marked above; students are required to leave and return to campus on the transportation provided.  Students that fail to arrive on time for check in will not be allowed to go to the event, and must then report to all classes at Elkins HS.  For this event, students must adhere to the Fort Bend Independent School District Student Code of Conduct, Dress Code, and the expectations outlined in Fort Bend ISD Student Code of Conduct.
disrupti will resu schedul	to comply with directions from Chaperones and/or Administrators, failure to return to transportation on time, ive behavior at the event itself, and/or a violation of the expectations or Fort Bend ISD Student Code of Conduct ult in disciplinary action not limited to exclusion from participation from events this school year and future led events in upcoming school years.  Iministration reserves the right to make changes and/or decisions concerning this event based on academic ag, attendance, and serious and/or persistent disciplinary infractions. (DAEP placements are non-negotiable).
The info	rmation requested below is necessary for an emergency and must be returned to Office 401 by Wednesday, May 8, 2024.
	physical limitations (temporary or permanent):  at students must submit a doctor's note concerning travel
List any	current medications (prescribed or over the counter) taken:

Name of Child's Physician:	Phone:
Insurance Company:	Phone:
Policy Number:	

## **ACKNOWLEDGEMENT OF RESPONSIBILITY**

My signature below indicates that I give my student permission to participate in Class of 2023 Senior Walks at Elementary Campuses. I give the authorization to have any medications administered to my child that would normally be given at school. I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from all liability. The FBISD or a commercial carrier will provide transportation.

Student Signature:	Date:
Parent Signature:	Date:
Address:	
Home Telephone:	Work Telephone:
Emergency Contact Person:	Emergency Contact Phone:

