

EFD-E-4

**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:** _____

ASD 09.01