



George Bush High School  
ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT  
PARTICIPATION IN FIELD TRIP

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: \_\_\_\_\_

**ASSURANCES**

**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 / Cell Telephone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone No: \_\_\_\_\_

Field trip: \_\_\_\_\_

**George Bush High School**  
***Student Field Trip Verification Form***

<b>Class Period</b>	<b>Class Name</b>	<b>Current Grade</b>	<b>Attendance</b>	<b>Teacher Signature</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				