

RL Turner High School Field Trip Permission Form



Carrollton - Farmers Branch Independent School District

Dear Parents:

On _____ the _____ will be taking a field trip to _____. We will leave _____ School at _____ and return at _____.

That I/we _____ being the parent(s) or legal guardian(s) of _____, a minor student enrolled in the Carrollton-Farmers Branch Independent School District do hereby give my/our consent for all medical treatment that may be necessary to be given to my/our minor child while my/our child is away from our home or the school premises on any such school sponsored field trip in the event that I/we cannot be contacted before administering any such medical care; and

I/we, in our individual capacities and as parent(s) or legal guardian(s) of the above named minor, for and in consideration of the Carrollton-Farmers Branch Independent School District allowing my/our minor child to participate in this field trip, do hereby release, acquit, forever discharge and do furthermore indemnify Carrollton-Farmers Branch Independent School district, its Board of Trustees, agents, servants and employees from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise, made or asserted by anyone (including ourselves), known or unknown, arising now or in the future, which claim or cause of action may be directly or indirectly related to our minor child's participation in a school sponsored field trip.

SIGNED AND AGREED to on this _____ day of _____, 20_____.

Signature of Parent/Guardian

Address of Parent/Guardian

Home Phone Number Work Number Cell Number

Student's Date of Birth _____ Student's Social Security # _____

In the event of an emergency, if you can not be contacted, please list two other persons we should call in attempt to find you.

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

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Field Trip Form
Student Medical Information**

Is your child allergic to any medication, food, insects, or plants? Yes ___ No ___

If yes please list any allergies your child has to medication, food, insects, plants, etc.

Please give any information about your child's physical or medical conditions that you feel would be important in the case of an emergency.

If medication is to be administered during the trip, please fill out and sign the release form as specified below.

I hereby give my permission for _____ to be given the medications only as prescribed and listed below. (student's name)

Name of medication _____ Dosage _____ Time(s) _____

Name of medication _____ Dosage _____ Time(s) _____

Name of medication _____ Dosage _____ Time(s) _____

I understand that the medication must be in the original container and properly labeled (including student's name) for the medication to be administered.

Signature of the parent/guardian _____ Date _____

Insurance Company _____ Policy # _____ Phone Number _____