

Crandall Independent School District
PARENT NOTIFICATION & PERMISSION FORM FOR A STUDENT TRIP

The following student trip is planned. This trip has been requested by the sponsor/coach/teacher whose signature appears below. It has been approved by the building principal as indicated by their signature.



Signature of Requesting Sponsor/Coach/Teacher

9/29/16

Date



Signature of Principal

9/30/16

Date

STUDENT TRIP DESCRIPTION

Purpose of Student Trip: Middle School Band / Jazz Band Contest Spring 2017

Class/Organization Scheduling Trip: Bard

Name(s) of Trip Supervisor(s): Hamilton, Nutt, Stovall, Bowie, Ingram, Welch, Hoffman

Trip Destination: Various Locations all within State

Date(s) of Scheduled Trip: Various Dates in Spring

Departure Time: TBA **Return Time:** TBA

Departure Location: TBA **Return Location:** TBA

Method of Transportation:

- School Bus
 Private Passenger Car

Vehicle has comprehensive insurance for transporting passengers:

Yes No

Verified By: _____
Vehicle Owner Signature *Date*

PARENT PERMISSION

I, _____, authorize _____
(Parent/Guardian) *(Student Name)*
to participate in the school trip using the transportation identified on this form.

Parent Signature

Date

Dear Parent,

Your child will soon be attending a field trip with his/her class. To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information for emergency calls.

Student Name: _____ **Teacher:** _____

Address: _____

Allergies: _____

Health Conditions: (diabetes, heart disease, epilepsy, asthma, etc.): _____

Current Medications: _____

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

I, the undersigned, do hereby authorize officials of Crandall Independent School District and/or emergency medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child in the event that the parents cannot be contacted.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Legal Guardian

Date