

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]
Signature of Requesting Sponsor/Coach/Teacher

5-26-17
Date

[Signature]
Signature of Principal

5-26-17
Date

STUDENT TRIP DESCRIPTION

Purpose of Student Trip: All Band Trips in State TBA

Football Games, Festivals, UIL Contest, Special Events

Class/Organization Scheduling Trip: High School / Middle School Bands

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

Trip Destination: TBD

Date(s) of Scheduled Trip: School Year 2017-2018

Departure Time: TBD Return Time: TBD

Departure Location: TBD Return Location: TBD

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