

Garland Independent School District Permission for Field Trip Participation

Date of field Trip 2009 / 2010 School Year	Approximate beginning & ending time of field trip	Purpose of Trip Band Events
Trip Destination	Method of Transportation Bus	
Student's Name	Date of Birth	Gender
Street Address	City	Zip Code

In consideration of the Garland Independent School District agreeing to take my child on the referenced school-sponsored field trip, I/we hereby give approval for his/her participation. I /we understand that in Texas, parents are responsible for the cost of medical treatment for students injured on school property or while participating in a field trip activity, unless the injuries result from the negligent use or operation of a motor vehicle owned by the District (Texas Tort Claims Act, Section 101.051, and Texas Education Code, Chapter 22.051). *

In the event of an emergency while my child is on the school-sponsored trip or while participating in field trip activities, I hereby grant permission to school district employees to take whatever action is deemed necessary. In the event I cannot be reached, I authorize school district employees to give consent for my child to receive medical treatment.

Parent/guardian name	Home phone	Work phone	Cell phone
Parent/guardian name	Home phone	Work phone	Cell phone
Emergency contact other than parent	Home phone	Work phone	Cell phone
Name of Family Doctor		Doctor's phone number	Date of last tetanus shot
Health Problems			
Allergies			
Medications			
Printed Name of parent/guardian		Signature of parent/guardian	
Date			

* All students are encouraged to purchase student accident insurance.

** As an additional note, please be aware that all UIL programs will be covered under a specific UIL program from which the coach or teacher must distribute.