Capital of Texas Visitors Center,
State Capital Building, and Picnic at On the Capital Grounds
1st Grade Fieldtrip

The Live Oak PTA has made it possible for the First Grade students and teachers to participate in a fieldtrip to the Capitol of Texas on Thursday, October 13rd. We will travel by school bus, leaving Live Oak promptly at 9:30AM and will return to school by 1:45 PM. Please see the agenda below for detailed information. **Students will need to bring a sack lunch with a disposable drink or they may order a lunch from the cafeteria (please check below). If your child has a Live Oak t-shirt, we would like to have the students represent our school by wearing it. Contact your child's teacher if you are able to join us on this day of fun and adventure.**

The agenda for this FUN day looks something like this:

9:30 AM	Depart LOE
10:00 AM	Tour begins at the Capitol Visitors Center OR Tour at the Capitol Building
11:00 AM	Tour begins at the Capitol Building OR Tour the Capitol Visitors Center
12:30 PM – 1:15 PM	Picnic on the South Lawn – all classes
1:15 PM	Load Buses to return to LOE
1:45 PM	Arrive at LOE

We need to have this permission slip signed on ==BOTH SIDES== and returned by Thursday, Oct. 6th.

_____Yes, my child, _____ has permission to go with the First Grade on their fieldtrip to the Texas State Capital.

_____No, my child _____ does not have permission to go on the fieldtrip, and will stay in another classroom with activities to complete.

_____ My child will need a sack lunch from the cafeteria.

_____ Yes, I will be able to go on the fieldtrip as a chaperone.

Name of chaperone(s): _____

Phone Number(s): _____

Parent Signature _____

Daytime phone number where parents can be reached _____

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
District-Wide Parental Permission for Elementary Field/
Educational Trip Release of All Claims and Consent to Medical Treatment

I,_____(parent/guardian), give my son or daughter, _____(student's name), permission to attend the following field/educational trip:
The First Grade students will be going on a field trip to the State Capitol building located at 1100 Congress Ave., Austin Texas to reinforce our Social Studies unit on leaders and rules. Students will travel on buses.

Date of field/education trip: **Thursday, October 13, 2016**
Departure Time: **9:30** Time of Return: **1:45** Cost: **$0**
X Cost is paid by RRISD □ Cost is paid by student

Lunch to be provided by:
□ Child will bring a sack lunch
□ Child will pay for a school sack lunch
□ Child receives a school lunch daily and will be provided with a school sack lunch

Transportation provided by: **X** Round Rock ISD School Bus □ Commercial/Charter Bus

Child's Emergency Contact:

Name: _____ Phone Number: _____

Medical Needs Does your child have any (Check all that apply):
　　　　　　　　□ Medical conditions 　　　□ Drug Allergies 　　　□ Food Allergies
If so, list the conditions and/or allergies: _____

Is your child currently taking any medication? □ Yes □ No
If so, list the medication and time for administration: _____

You and your child agree to abide by all special field trip regulations, local school rules, and rules outlined in the Student/Parent Handbook. Failure to follow regulations and rules may result in removal from the field/educational trip and/or disciplinary action. Your child's teacher, school staff, and approved parent-volunteers will chaperone this trip. 1 Release of All Claims and Consent to Medical Treatment By signing this form, I release and discharge the Round Rock Independent School District, its agents, employees and officers from all claims, demands, actions, judgments, and executions which I have or which my heirs, executors, administrators, or assigns may have or claim to have against Round Rock Independent School District, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, caused or arising out of the above described field/educational trip. I further authorize a representative of Round Rock Independent School District to consent to medical treatment of the above-named student in the event of an emergency on the field/educational trip. I, the undersigned, have read this Parental Permission for Field/Educational Trip, Release of All Claims, and Consent to Medical Treatment and understand all of its terms and conditions.

_____ _____　　　　　　　_____
　　　　Signature of Parent/Guardian 　　　　　　　　　　　　　　　　　　　　　　Date

_____　　　　　　　_____
Signature of Student (if student is capable of signing)　　　　　　　Date