

**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:

Destination/Description of field/educational trip: The First Grade students have THREE remaining field trips this school year.

The first will be to Springwoods Park located at 9117 Anderson Mill Rd., Austin Texas on Friday, April 22, 2016. We will be leaving at 10:00 AM and returning at 2:15 PM. This will be a walking field trip.

The second will be to the ZACH Theatre located at 202 South Lamar, Austin Texas on Tuesday, April 26, 2016 to attend a performance of Alice in Wonderland. We will be leaving at 10:00 AM and returning by 1:45 PM. Students will travel on buses.

The last will be our End of Year Celebration at Springwoods Park located at 9117 Anderson Mill Rd., Austin Texas on Thursday, June 2, 2016. We will be leaving at 10:00 AM and returning at 2:15 PM. This will be a walking field trip.

Cost: N/A 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: Round Rock ISD School Bus Commercial/Charter Bus

Other information (school use only) _____

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.

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