


IRVING
Independent School District
FIELD TRIP TRAVEL RELEASE

As the parent/guardian of _____, I hereby Grant consent for him/her to participate in teacher and principal approved field trips during the 20__-20__ school year.

It is my understanding the school will advise me by written or verbal notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

I understand that according to Chapter 101, Tex., Civ. Prac. & Rem. Code, the Texas Tort Claims Act, and Section 22.051 of the Texas Education Code, Irving Independent School District will be held harmless from any damages or claims which might arise from injuries out of any act or omission on the part of the District as a result of such trip or activity, other than negligence in the operation of a motor vehicle or use of excessive force in the administration of discipline.

AUTHORIZATION FOR TREATMENT

As the parent/guardian of the above named student, I hereby give authorization to the staff to take my child to an emergency room of the nearest hospital should, for any reason, they require any minor medical or surgical treatment and/or medication while participating in an approved field trip activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student.

I understand that staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian Signature

Date

NOTE: This form is to be completed by the parent/guardian, returned to the classroom teacher, and remain as part of the student's permanent record folder for the current year.