

Northwest ISD
061911

Revised: 10-2015

STUDENT ACTIVITIES:
TRAVEL

FMG (REGULATION)
(EXHIBIT)

EXHIBIT C

Northwest Independent School District
School-Sponsored Trip Information and Permission Slip

As part of our school activities, the following school-sponsored trip has been scheduled:

Organization/Event Orchestra	Campus BNHS	Teacher/Sponsor's Name Keller/Shapley		
Destination	Date of Trip	Time of Departure	Time of Return	Snack/Lunch Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost of Trip Activity: \$	Meals (If Applicable): \$	Transportation (If Applicable): \$		

In order for a student to be able to participate in the above school-sponsored field trip, written consent from the parent/guardian and a Student Medical/Emergency Information Card must be on file in the school office.

Please note this trip information on your calendar and return the Student Permission Slip. Thank you.

Teacher/Coach/Sponsor's Signature 	Date
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(Please detach here and return the bottom portion.)

Student Permission Slip

Please Print Student's Last Name	First Name	MI	Teacher/Sponsor
Destination			Date

As the parent of the above-named student, my signature hereby grants permission for him/her to participate in the school-sponsored trip specified above.

I understand that my child and I are responsible for the cost of his/her meals (unless in the event of a state or national competition).

It is understood that neither Northwest Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on this trip. I acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people I have listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any costs in the event my child must be transported by ambulance.

**Please note my child has the following allergies/medical conditions and/or is currently taking the following medications

Emergency Contact	Relationship	Home Phone	Work Phone
		()	()
		()	()
		()	()

Printed Name of Parent/Guardian	
Parent/Guardian's Signature	Date

**** Please attach EXHIBIT J - Medical Orders for Specialized Health Care Procedures.
(Campus Health Clinic will have this on file)**

APPROVED: 10/6/15

STUDENT ACTIVITIES:
TRAVEL

FMG (REGULATION)
(EXHIBIT)

EXHIBIT D

Northwest Independent School District
Request for Post-Activity Student Release

Student's Last Name	First Name	Middle Name	Grade Level
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As the parent/guardian of the above-named student, I understand that all students are required to ride to and from school-sponsored activities in District-provided transportation according to Regulation FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip.

I am hereby requesting that approval be considered for my child to be released into my custody at the completion of the following activity:

Organization	Destination	Date of Trip
Reason for Request		

I understand that, if approval is granted, my child will only be released to me if I am present at the completion of the activity, otherwise he/she will be expected to ride on the District-provided transportation.

Parent/Guardian's Printed Name	Telephone Number
Parent/Guardian's Signature	Date

FOR SCHOOL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Sponsor	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Principal or Designee	Date