



MISD Natatorium Water Safety Permission Form

Student Trip Permission Form

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.

Student Trip Disclaimer

- A student trip has been scheduled for your child.
- With your permission your child will be taking part in a field trip to the Mansfield ISD Natatorium. While at the Natatorium, the students will:
 - Be instructed in basic water safety
 - Be evaluated on water skills
 - Have a time of guided discovery

This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.

Campus/Class: _____

Destination: _____

Departure Date/Time: _____

Return Date/Time: _____

Return the Form to: _____

Date Form is due: _____

Student Last (print) _____ First _____ MI _____

Student's Date of Birth _____ Student Grade _____

I hereby grant permission for (student name) _____ to participate in the MISD Water Safety Program.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release, indemnify, and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian (print) _____ Phone # _____

Cell # _____

Doctor Name and Phone # _____

Parent/Guardian (signature) _____

Alternate Emergency Contact Name and Phone# _____