



Student Trip to MISD Agriculture Barn 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. Although the location is not associated as a water based venue there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim in an ocean, sea, lake, river or pond.
- Any student who violates water instructions may be sent home at the parents' expense.
- In some experiences, hands-on learning includes animal encounters – such as, viewing animals in their habitat, feeding/water animals, and at times, touching. In the event, that you do not wish for your student to participate in an animal encounter, please contact your teacher and/or administrator.

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

Campus/Class: _____

Destination: **MISD Agriculture Barn**

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
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I hereby grant permission for (student name) _____ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

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), staff or chaperones 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 addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

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 Last (print) _____

Phone # _____

Cell # _____

Doctor Name and Phone # _____

Parent/Guardian (signature) _____

Alternate Emergency Contact Name and Phone# _____