



South Texas ISD

**Health  
Professions**

**GRADES 9-12 | MERCEDES**

### PARENTAL PERMIT FOR STUDENT FIELD TRIPS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ I do give my son/daughter permission to attend

\_\_\_\_\_ I do not give my son/daughter permission to attend

school field trips during the 2020-2021 school year. If at any time, I do not want to allow my child to attend, I will notify the campus.

Any student who has not returned this permission slip will not be able to attend school trips in the 2020-2021 school year.

I understand that all precautions will be taken to prevent any accident, and I do hereby release the South Texas Independent School District, its agents or employees from any liability resulting from an accident involving my child while on this field trip. In case of an emergency, I hereby authorize a representative of the South Texas Independent School District to seek medical attention for my child.

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent contact phone number