



Field Trip - Permission, Waiver and Release Form

Carrollton-Farmers Branch ISD is proud to offer the opportunity for our students to participate in field trips. Participation in this Field Trip is voluntary, and we ask that you read and sign this form as a condition of participation.

As parent/guardian, I desire that my child or ward to participate in the Field Trip and grant permission to attend. This participation includes travel to and from the Field Trip activity.

Student Code of Conduct and Student Handbook

I acknowledge that I have received a copy of, and that I have made my child/ward adequately aware of, the Carrollton-Farmers Branch ISD's Student Code of Conduct and the Student Handbook. I understand, and have made my child/ward aware, that the Field Trip and the events, activities and experiences related to it are school-related functions, and that all the rules and regulations from the Student Code of Conduct and the Student Handbook apply. I understand and agree that if my child/ward violates these rules and regulations, I may be required to pick-up my child/ward early from the Field Trip location.

Transportation

I understand and recognize that transportation of my child/ward will be provided by either vehicles owned and operated, or vehicles not owned or operated, by the Carrollton-Farmers Branch ISD. I hereby release and discharge the Carrollton-Farmers Branch, its employees, officers, agents and assigns from all claims, which I may have or claim to have against the Carrollton-Farmers Branch ISD, its employees, officers, agents and assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, caused by or arising out of, the above-described transportation.

Permission and Release

I agree to assume any and all liability stemming from my child/ward's participation on this Field Trip. I further agree to hold the Carrollton-Farmers Branch ISD, its Trustees, employees, and agents harmless from all claims or actions which I or my child have, or may have in the future, including any liability for injuries or damages which occur to my child or me as a result of his or her participation in this Field Trip. I agree to indemnify and hold harmless the Carrollton-Farmers Branch ISD, its Trustees, employees, and agents from all claims made by third parties against it or them on behalf of my child/ward or which may result from my child's action on the trip.

Student Name

Student ID#

Student Grade Level

Student Class

Consent to Medical Treatment *

I Agree

I hereby authorize the sponsors for this event, on behalf of Carrollton-Farmers Branch ISD, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward.

Consent to Administration of Medications *

I Agree

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

Student Date of Birth *

Name of Health Insurance Company *

Insurance Company Subscriber ID Number *

Insurance Company Phone Number *

I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to *

My child/ward has the following special medical conditions *

My child/ward takes the following prescription medications *

I have read this Permission, Waiver and Release Form and understand all of its terms and conditions. I execute this Permission, Waiver and Release Form voluntarily and with full knowledge of its significance.

I give my permission for my child to participate in the above mentioned activity.

I deny permission for my child to participate in the above mentioned activity.

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

Information entered on this form will be visible to the post author and ParentSquare admins

Signature

Date

<input type="text"/>	<input type="text"/>
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PHOTO/VIDEO/WEB SITE RELEASE FORM

Dear Parent/Guardian:

On occasion, representatives from and/or employees of the Carrollton Farmers Branch Independent School District or its affiliates wish to photograph, videotape, and/or interview individuals in connection with school programs, projects, or events. In order to release photographs, video footage, and/or comments, and/or to post on district or school web sites, we need written permission. To give your consent, please complete the form below.

I, _____, parent/guardian of _____, give permission for my child to be photographed, videotaped, and/or interviewed by representatives from and/or employees of the Carrollton Farmers Branch Independent District or its Affiliates for educational or public relations purposes. I authorize the use and reproduction by the Carrollton Farmers Branch Independent District or anyone authorized by the Carrollton Farmers Branch Independent District or its Affiliates of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the Carrollton Farmers Branch Independent District or its Affiliates. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed matter that may be used in conjunction with them.

Signature of Parent and/or Guardian: _____ Date: _____

Address: _____

OR

I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

Signature of Subject: _____ Date: _____

Address: _____