

STUDENT ACTIVITIES:
TRAVEL

FMG
(EXHIBIT)

EXHIBIT B

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN
SCHOOL-SPONSORED TRIP

Dear Parent/Guardian:

Our _____ will visit _____
NAME OF CLASS OR ORGANIZATION DESTINATION
in _____. Transportation will be by _____.
LOCATION

The expense for your child will be _____ for _____.
Please sign the form below consenting for your child to participate.

Sponsor's Signature

I, _____ (parent), agree to allow my child,

_____ (child's name), to travel with a group or individual associated with the District,
and agree to assume any and all liability and hold the District, its Trustees, employees, and agents harmless from
all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or
damages which occur to my child or to me as a result of his or her participation in this trip.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and
hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf
of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by
third parties against it or them which result from my child's actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waving any sovereign governmental
immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance. This
release applies to the trip described above.

Parent or Guardian

Date

[NOTE: The sponsors of any student trip should take with them copies of each student's Authorization to Secure
Emergency Medical Treatment. [See FMG (EXHIBIT E)]
(This form is for use with local travel only.)

To Be Filled Out by Parent

WACO INDEPENDENT SCHOOL DISTRICT
Emergency Medical Release Form

Date _____

Authorization to Consent Medical Treatment of a Minor

In case of an emergency and I (parent/guardian) cannot be reached, please contact:

_____	_____
Contact Person	Telephone Number
_____	_____
Contact Person	Telephone Number
_____	_____
Child's Physician	Telephone Number

If your child has an existing health condition, please indicate:

Heart trouble _____	Allergies _____	Epilepsy _____
Asthma _____	Diabetes _____	Other _____

Is your son/daughter allergic to any medication? Yes _____ No _____

If yes, please list: _____

Insurance Information

_____	_____
Name of Insurance Company	Policy Number

Name of Policy Holder	

Consent

The Waco Independent School District is an educational institution in which the child named above is enrolled, and I give authority to Waco Independent School District to consent to medical treatment of the child in the event that I cannot be contacted.

I have read, understand, and agree to abide by the Student Conduct Rules and Regulations stated on the reverse side of this form.

_____	_____
Parent's/Guardian's Signature	Student's Signature
_____	_____
Telephone Number	Date