Grand Prairie ISD

057991

STUDENT ACTIVITIES FMG
TRAVEL (EXHIBIT)

EXHIBIT A

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

I,_____(parent or guardian), agree to allow my child, _____ (child's name) to travel with a group or individual associated with the Grand Prairie ISD on the trip(s) indicated below. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with a student injury.

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 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 waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance. This release applies to the trip(s) to be taken by:

Group:

_____

To Place:

_____

On Date(s):

_____

Parent or Guardian Signature:

_____

Date: _____

PLEASE FILL OUT BOTH SIDES

Grand Prairie ISD

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STUDENT ACTIVITES
TRAVEL

EXHIBITS

AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT OF A MINOR STUDENT

1. Name of minor_____Grade _____
   Date of birth (day, month, year) _____
2. Name of parent, guardian, or conservator _____
   Office phone_____Home phone _____
3. Address: _____
   _____
4. Name of other parent (or both if different from #2)
   Father _____ Phone _____
   Mother _____ Phone _____
5. Friend or relative who will probably know where to locate the parent in the event of temporary absence.
   Name_____ Phone _____

This is to certify that I authorize the Superintendent of Grand Prairie Independent School District, Grand Prairie, Texas, or a designated representative to secure any and all emergency medical care and treatment for_____(student's name) for acute illness suffered or injury sustained while at school or participating in school-related activities. Emergency treatment may be secured at a licensed hospital, clinic, or medical facility, or by a licensed physician, or dentist with the following exceptions: _____
_____

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remain the responsibility of the parent or guardian and will not be assumed by the Superintendent, the designee, or the Board of Trustees of the Grand Prairie Independent School District.

Check One:

☐ I do not have medical insurance

☐ I do have medical insurance coverage on my child with: _____
_____

Medications of drugs to which the student has had and allergic or adverse reaction are:

_____

_____

Parent Signature:_____ Date: _____

Copies of this authorization may be presented to the admissions office or clinic or to a physician or dentist. Other distribution shall be only with the limitations of the Family Education Rights and Privacy Act.