

**Student Travel Permission Form**

Student Name:					
ID #		Grade:		Campus:	
Trip/ Activity:					
Destination:					
Sponsor/ Coach:					
Dates of Travel:		Method of Travel:	☐ Charter Bus	☐ School Bus	
			☐ School Vehicle	☐ Rental Vehicle	
Departure/ Return location:					

PERMISSION TO TRAVEL, the undersigned parent/guardian of _____, do hereby authorize my child to participate in a field trip/school-sponsored travel, which may include travel outside of the boundaries of the school district that may require a district bus or vehicle to process at a U.S. Immigration checkpoint. I have been informed of the details regarding the field trip/school-sponsored travel, including the destination(s), name(s) of adult chaperones, and time and place of departure and return. I understand that during this field trip/school-sponsored travel, my child will be under the direction and general supervision of the named school staff and adult chaperones selected by school representatives and that my child is subject to discipline for his/her conduct during the trip.

Sharyland ISD fully complies with all applicable local, state, and federal laws, including those pertaining to immigration checkpoints. All students must wear their student identification badges while traveling and during out-of-district school-sponsored activities. This requirement extends to students participating in field trips and all other school-sponsored travel. Sponsors and coaches are required to maintain readily accessible, complete rosters containing student contact information and emergency contact information during all travel.

MEDICAL RELEASE If my child needs medical attention during the field trip/school-sponsored travel, I hereby give my permission to the named school representatives for the trip to take my child to a physician, hospital, or other medical institution for treatment. I expressly authorize any medical treatment that a physician determines necessary under the circumstances, and I understand that it may not be feasible to contact me before the provision of medical treatment to my child. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child and that the named school representatives for the field trip/school-sponsored travel are not responsible for such expenses. In addition, I authorize (school) representatives for the field trip/school-sponsored travel to administer/dispense the prescription and/or non-prescription medications indicated on this form to my child, as appropriate.

Medical condition(s) (including allergies) that may affect student during field trips:

MEDICATIONS: List any medications that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

EMERGENCY PROCEDURES: In an emergency resulting in medical treatment or detainment of your child by law enforcement, you will be contacted as promptly as possible by the trip sponsor and/or the campus principal. A school district representative will remain with your child and facilitate the transfer of information so that you or an emergency contact may connect with the emergency responders, medical facility, or respective law enforcement agency.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:			
Cell Phone #		Home Phone:	

EMERGENCY CONTACT INFORMATION

Name:			
Phone #		Relationship to Student:	☐ Family Member ☐ Friend of Family ☐ Caseworker or Social Worker

HEALTH INSURANCE INFORMATION

Insurance Co.:		Policy #:	
Name of Policyholder:		Date of birth of policyholder:	

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____ Date: _____