CROSSROADS HIGH SCHOOL

505 Pleasant Manor, Burleson, Texas 76028 (817) 245-0500 (817) 447 5889 fax

FIELD TRIP PERMISSION FORM

My son/daughter _____

_____ has my permission to participate in a

Field trip to the Ft. Worth ISD College Night at Amon Carter, Jr. Exhibit Hall Ft. Worth, TX by Goldstar Bus. (Type of Conveyance) (Place)

on Monday, September 21, 2015. We will leave the school at 5:15 PM and return at 8:30 PM. (Date and Time)

Permission slips need to be returned by Wednesday, September 16, 2015.

The trip will be supervised by administrators and staff of Crossroads High School.

(Student's Name)

I understand that if my child violates any rules, then I will be called to pick him/her up from the field trip and that the Burleson Independent School District may impose other penalties for such rule violations. I will not hold the BISD or any of its employees responsible for any accidents of injuries that might occur while my child is on this field trip.

There is no cost for this field trip. However, if your student wishes to purchase something to eat, they will need to bring their own money.

Name of Parent or Guardian

Parent or Guardian Phone Number

In case of an emergency, and if I cannot be reached, please take my child to

Dr. ______ or Dr. _____ Phone Phone

In the event that neither doctor shown above can be reached, I authorize the school to refer my child to a doctor or hospital. I give my consent for all medical care prescribed by a licensed physician under whatever conditions necessary to preserve the well-being of my child. IT IS UNDERSTOOD, FURTHER, THAT I WILL PAY FOR ANY EMERGENCY TRANSPORTATION AND FOR ANY SUBSEQUENT EMERGENCY CARE. If this information or the personal health of the child named above changes, then I realize that it is my responsibility to notify the school of such a change.

Parent/Guardian Signature Date

I, _____, as a student of Crossroads High School, understand that while I am on the field trip, that I must still abide by all BISD rules including dress code, code of conduct, and other rules as deemed necessary for my safety. I understand that if I do not abide by these rules, then my parents will be notified and I may have consequences upon my return to CrHS.

Student Signature _____ Date _____

Student Cell Phone Number