

SWEENY INDEPENDENT SCHOOL DISTRICT  
School Field Trip and Transportation Parent/Guardian Permission Form

My child, \_\_\_\_\_, is a student with the Sweeny Independent School District. I am either the parent or legal guardian of the student. I understand the risks involved with any trip and especially, those which require motor vehicle transportation. I give consent for my child to participate in the following described trip and to travel by school transportation.

TRIP DATE(S): **Saturday, April 26, 2014 8:00 am – 1:00 pm**  
DESTINATION: **Sargent Beach - Sargent, TX**  
SPONSORING CAMPUS/GRADE/GROUP: **Sweeny Jr. High/6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>/Sweeny Jr. High**

While on this trip, I give permission for school employees to secure medical services for my child, and I agree to pay for all costs for this medical care.

In the event of an accident, I realize that the District, its trustees, officers and employees do not waive any legal rights or immunity which they possess under Texas or other applicable law.

I understand that all students participating in the above described trip are expected to conduct themselves in conformance with the policies and rules established by the District and the directives and rules of the trip supervisor(s).

I agree to indemnify and hold harmless the District, its trustees, officers and employees from all claims made by third parties which result from my child's actions while on the trip.

I have read and understand this permission slip and release. I execute it voluntarily, without coercion and with full knowledge of its significance.

Please list two names and phone numbers in case of an emergency. Also, please provide any medical information which might be needed in case of an emergency.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MEDICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

TO THE PARENTS: If you have questions and need more information regarding this form, please call the appropriate campus: Sweeny Elementary School (491-8300); Sweeny Junior High School (491-8200); Sweeny High School (491-8100).

TO BE READ AND SIGNED BY STUDENTS IN GRADES 3-12 ONLY:

I, \_\_\_\_\_, am a student of the Sweeny Independent School District. I will participate in the above-described trip. I agree to conduct myself in conformance with the policies and rules established by the District and with the directives and rules of the trip supervisors.

\_\_\_\_\_  
Student Signature (Grades 3-12) \_\_\_\_\_  
Date