

CONSENT, RELEASE & INDEMNITY FORM  
 STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIPS  
 GRAPEVINE –COLLEYVILLE INDEPENDENT SCHOOL DISTRICT

Recognizing that it is an educational benefit for students to participate in field trips and that it is not a requirement of the curriculum, parents/guardians are required to provide this signed consent and release form for their child to attend the below described field trip.

Name of Field Trip: 7th Grade GHS TECC Tour	Date of Field Trip: January 27 <sup>th</sup> , 2014
Brief Itinerary: Students will walk to GHS for a tour of the TECC.	
Mode of Transportation: walking	Origination Point: CTMS
Destination Point: GHS	Termination Point: CTMS
Time of Departure: 1:00	Time of Return: 3:00
Number of Students: 252	Number of Adult Supervisors: 12
Cost per Student: 0	Student Should Bring: nothing required

I, \_\_\_\_\_ (parent/guardian) am the parent and/or legal guardian of \_\_\_\_\_ (student). I hereby give my consent for \_\_\_\_\_ (student) to travel to and participate in touring the Technology Education and Career Center (TECC) at Grapevine High School.

I, and on behalf of my personal representatives, successors, and assigns, hereby agree to release, indemnify and hold harmless the District, its trustees, employees, and agents from all claims made by third parties against it or them that result from my child's actions on the trip.

As per Board Policy FMG (LOCAL), students who participate in school-sponsored trips shall be required to ride in transportation provided by the school to and from the event. Exceptions may be made if the student's parent/guardian presents a written request to the principal before the scheduled trip, requesting that the student be allowed to ride with the parent, with another person designated by the parent, or that the student be allowed to drive him or herself to the event. The District shall not be liable for any injuries that occur to students riding in vehicles that the District does not provide. I, and on behalf of my personal representatives, successors, and assigns, hereby agree to release, indemnify and hold harmless the District, its trustees, employees, and agents from all claims made against it or them that result from my request to use alternate transportation.

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

I have read and understand this information and sign it voluntarily with full knowledge of its significance. I also understand that if my child is not allowed to participate in this field trip, due to grade ineligibility, that an alternate activity will be provided for my child at the campus.

My child **may** participate in this activity.

My child **may not** participate in this activity.

\_\_\_\_\_  
 Student Name (Please print)

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 (Parent Signature)

\_\_\_\_\_  
 (Date)

In case of an emergency, please contact one of the following:

1. \_\_\_\_\_  
 Name Phone number with area code

2. \_\_\_\_\_  
 Name Phone number with area code

**Parents/guardians are encouraged to consult with an attorney to understand their rights and obligations before signing this form.**

**FIELD TRIP EMERGENCY FORM**  
**Grapevine-Colleyville Independent School District**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell/Emergency Telephone Number \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Current medications student is taking: \_\_\_\_\_

\_\_\_\_\_

Any significant health related information important for teachers to know while your student is on this field trip:

\_\_\_\_\_

\_\_\_\_\_

Does your student have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, does he/she use an inhaler? Please put name of inhaler here. \_\_\_\_\_

Health Insurance Information:

Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Emergency Authorization: In the event of an emergency, I hereby authorize GCISD to seek emergency medical assistance for my student.**

**Parent/Guardian Signature** \_\_\_\_\_

**YOUR STUDENT WILL NOT BE ALLOWED TO ATTEND THIS FIELD TRIP WITHOUT THE ABOVE SIGNATURE.**