

# NAVASOTA JUNIOR HIGH SCHOOL

## ACKNOWLEDGMENT OF RESPONSIBILITY & PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIPS

Destination Youth to Career Fair at Brazos County Expo Center in Bryan, Texas

Date of Trip October 18, 2011 Time Leaving Campus 8:30 a.m. Time Returning To Campus 11:30 a.m.

Sponsor(s) Kimberly Finke, Shakaria Maxey, Paula Binford, Monica Guerrero, Kim Svien, Caley Lee, Yolanda Mahon, Nick Grimes

*Transportation will be provided by Navasota I.S.D. Students are required to dress in accordance with school dress code. In order to go on the field trip, students must have an Emergency Medical Card on file at school **and** this form must be returned.*

\_\_\_\_\_ has my permission to participate in the field trip described above.

(Please print student name)

I understand that 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 against it or them on behalf of my child.

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.

The parent or guardian herewith grants permission for school employees to secure medical services for the above student if necessary. The school will make every effort to contact the parent before seeking medical services. In cases of emergency, students will be treated immediately & parents contacted as soon as possible. Parents are responsible for any medical bills incurred.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

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

\_\_\_\_\_  
Date

Daytime phone number(s) Work \_\_\_\_\_ Home \_\_\_\_\_

*List any information in your child's health history which would be helpful in treating your child or would limit normal activities. Please include any medications your child is currently taking and any medications to which your child is allergic.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_