

**CONROE INDEPENDENT SCHOOL DISTRICT**  
**HAILEY ELEMENTARY SCHOOL**  
**Parent Permission for School Sponsored Trip**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Parent/Legal Guardian Contact Number: \_\_\_\_\_

**Place:** Knox Junior High-Track field

**Date/Time:** Friday, December 1st/Inclement Date-Friday December 8th

**Arrangements:** Students will walk over to Knox with teachers

**Teachers present on the field trip:** All grade level assigned teachers chaperones are needed for this trip.

**PARENT PERMISSION AND RELEASE:** I authorize my child to participate in the trip(s) described above. I hereby release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, including negligence, resulting from any damages or injuries to my child or his or her parents/legal guardians or family members, arising out of or resulting from my child's participation in this trip(s), including transportation to and from the event(s).

I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness. I do hereby agree to indemnify and save harmless the District and any District representative from any claim by any person whomsoever on account of such care and treatment of my child.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

**Insurance & Emergency Contact Information:**

My child is covered under the insurance policy of

Father    Mother    None

Insured's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Group # \_\_\_\_\_

ID# \_\_\_\_\_

List Medication or Food Allergies \_\_\_\_\_

Other Medical Issues: \_\_\_\_\_

List Current Medications Taken With Student: \_\_\_\_\_

Emergency Contact – Mother: \_\_\_\_\_

Father: \_\_\_\_\_