

YOU MUST COMPLETE AND RETURN THIS TO YOUR CHILD'S CAMPUS

**WALLER INDEPENDENT SCHOOL DISTRICT
FIELD TRIP AND CONTEST
PERMISSION FORM AND RELEASE
2008-2009 SCHOOL YEAR**

I, the undersigned, am the parent or guardian of

Print Student's Last Name		First Name		Middle Name
Grade	Student ID if known	Birth Date mm/dd/yy	School	Homeroom Teacher

a student in the Waller Independent School District. This student is under my custody and control, and I give my permission for this student to attend all Waller ISD appropriate grade level sponsored field trips and contest trips for this school year. I understand that Waller ISD buses may provide transportation. All Waller ISD safety rules will apply.

In case of illness or accident, and if the child needs immediate attention, I hereby authorize a representative of the Waller Independent School District to take this student to the nearest medical doctor or hospital for immediate medical attention, and I will assume responsibility for any medical expenses and transportation.

I authorize District officials to take all actions necessary to protect the health and well being of my child while on the field trips/contests. In consideration for sponsoring the field trips/contests, I release, discharge and hold harmless the District, its trustees and employees from all obligations, claims or any liability arising from their actions and/or omissions relating to my child on the field trips/contests.

In case of an emergency, please contact me first, but if I cannot be reached, then contact the alternates listed below my signature:

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(Print) Parent/Guardian Last Name, First Name, Middle Name Phone Number

Parent/Guardian's Signature

Date

Alternate Contacts (print):

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Name Relation to Student Phone Number

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Name Relation to Student Phone Number

Family Physician:		Phone Number:	
Health Insurance Company Name:	Group#	Policy#	Phone Number: