



NORTH EAST ISD FIELD TRIP PERMISSION FORM

Field Trip Information

Purpose:	
Destination:	
Date/Time of Departure:	
Date/Time of Return:	
Mode of Transportation:	
Meal Arrangements:	
Money Needed:	
Other:	School Name & Phone #:
	Teacher Name:
	School Principal Signature: Emily Bieser

Parents – Keep Top Portion for Your Records



Return Bottom Portion to School

_____ has my permission to go on a field trip to
(Student Name)

_____ on _____
(Destination) **(Date)**

The undersigned Parent/Guardian (hereinafter, "I") understands that one or more teachers/chaperones will accompany the students on the field trip, and that normal precautions will be taken in their interest for safety and well-being.

School districts are immune from liability except when property damage, personal injury or death is caused by a district employee's negligent operation of a motor vehicle while performing district duties. As a result, and as a general rule, the District cannot pay for medical treatment for injuries resulting from activities not directly caused by a district employee's use of a motor vehicle. In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment of the student named above (the "Student") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release North East Independent School District and its trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses, (including (a) claims made by the student named above after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnitees) relating in any way to the student's participation in the field trip identified herein.

This form must be signed and returned to the sponsor, teacher or administrator in charge of this group on _____. No student will be permitted to go on this trip who has not completed this form and returned it to the proper school personnel or who has altered the form in any way.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

In case of emergency school district staff should contact:

Name

Relationship to Student

Phone Number

Name

Relationship to Student

Phone Number