



**All information must be complete. Please print.**

**FIELD TRIP PERMISSION & MEDICAL RELEASE**

My child, \_\_\_\_\_, has permission to go on the field trip listed below. Dating Violence Mock Trial

School: Dripping Springs High School Teacher/Sponsor: Nicole Watts/Joe Burns

Destination: Hays County Government Center, San Marcos, TX Date: February 27, 2019

As a parent or legal guardian of the student named above, I release and discharge the Dripping Springs Independent School District, its officers, employees, agents, representatives, and volunteers from any and all claims, suits, actions, causes of action, expenses, costs, and demands for any direct or indirect personal injuries or property damages associated with, related to, or arising from my student's participation in this field trip.

I authorize any DSISD employee or field trip volunteer to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. Neither DSISD nor any of its schools are liable in the event of an accident or injury occurring from my child's participation in this field trip, except as allowed by law.

Please be aware that this event will have press coverage and there is the possibility that your student will be filmed.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

Student Name: \_\_\_\_\_

Known drug/insect allergies (if none, write "none"): \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication(s) at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

List name and amount of medication(s): \_\_\_\_\_

\_\_\_\_\_

Parent/legal guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Important: Please inform your child's school if any of the above medical or insurance information changes during the school year.**