

CHINA SPRING INDEPENDENT SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Date _____ My child _____ has my permission to attend the following field trip(s):

Class Trips Sponsor: Mothersole

Destination: All Trips with HS Band

Date: 2025/2026 School Year

Transportation : Bus

Time Leaving Campus:

Time Returning to Campus:

Authorization to Consent to Medical Treatment of a Minor

In case there is an emergency, please provide the following information. This form is necessary because many hospitals will not begin treatment of an injured/ ill minor if parental consent cannot be obtained. The presence of this form allows the doctors to begin emergency treatment at once. Of course, you will be notified as soon as possible if your child requires emergency hospital care.

If you have Medical Insurance, please give the following information:

Name of Company _____ Policy Number _____

If I (parent/ guardian) cannot be reached please contact:

Contact Person: _____ Telephone Number: _____

Contact Person: _____ Telephone Number: _____

Child's Doctor: _____ Doctor's Telephone Number: _____

If your child has an existing health condition, please indicate:

Heart Trouble _____ Allergies _____ Epilepsy _____

Asthma _____ Diabetes _____ Other _____

Signature

I agree to indemnify and hold you, or your representative, and the China Spring Independent School District harmless from any claim for injury or damage to my child during this trip.

I give authority to China Spring Independent School District to consent to medical treatment of the child(ren) in the event that you cannot be contacted. The China Spring Independent School District is an educational institution in which the child(ren) is/ are enrolled.

I have read, understand and agree to abide by the Student Conduct Rules & Regulations on the reverse side of this form.

Parent/Guardian's Signature: _____

Student's Signature: _____

Telephone Number: _____ **Date:** _____