CHINA SPRING INDEPENDENT SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

| Date | | | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| My child | has my per | mission to atte | end the following field trip(s): Class Tr | ips |
| Sponsor: Allex/ Mitch | | | | |
| Destination: Covers A | • | d | | |
| Date: 2025/2026 Sch | | | | |
| Transportation : Bu | | | | |
| In case there is an obecause many hosp cannot be obtained | emergency, please pitals will not begin . The presence of t you will be notified | e provide the f treatment of this form allow d as soon as p | edical Treatment of a Mi following information. This form is a an injured/ ill minor if parental cons the doctors to begin emergency possible if your child requires emerowing information: | necessary sent treatment |
| Name | of Company | F | Policy Number | |
| lf I (parent/ guardia | n) cannot be reach | ed please cor | ntact: | |
| Contact | Person: | | Telephone Number: | - |
| Contact | Person: | | Telephone Number: | |
| Child's Doctor: | | _ Doctor's Tel | lephone Number: | |
| If | vour child has an | existing health | h condition, please indicate: | |
| | | | Epilepsy | |
| Α | sthma | Diabetes | Other | |
| | | Signatu | ure | |
| School District harn I give authority to C the child(ren) in the | nless from any clai hina Spring Indepe event that you car | m for injury or endent Schoo nnot be contact | ntative, and the China Spring Indep r damage to my child during this tri of District to consent to medical trea octed. The China Spring Independe Id(ren) is/ are enrolled. | p. atment of |
| l have read, unde Regulations on t | | | by the Student Conduct Rules า. | \$ & |
| Parent/Guardian | 's Signature: | | | |
| Student's Signat | ure: | | | |
| Telephone Numb | oer: | | Date: | |