

GENERAL INFORMATION

Campus:	Trip Destination:
Date(s):	Approximate times: Beginning Ending
Purpose of trip:	
Method of Transportation:	Sponsor:

In consideration of the Garland Independent School District agreeing to take my child on the reference school-sponsored field trip, I/we hereby give approval for his/her participation. I/we understand that in Texas, parents are responsible for the cost of medical treatment for a student injured on school property or while participating on a field trip activity, unless the injuries result from the negligent use or operation of a motor vehicle owned by the district (Texas Tort claims Act, Section 101.051, and Texas Education code, Chapter 22.051). *

Should the world situation make it necessary for the administration of the Garland ISD to cancel student travel, parents and students must understand that the school district assumes no financial responsibility for any monies lost due to this action.

I consent to the release of health-related information to non-district personnel serving as sponsors/chaperones for the purpose of providing information necessary for the care and supervision of my child.

In the event of an emergency while my child is on the school-sponsored trip or while participating in field trip activities, I hereby grant permission to school district employees to take whatever action is deemed necessary. In the event I cannot be reached, I authorize school district employees to give consent for my child to receive medical treatment.

STUDENT INFORMATION

				Date of birth:		
City:		Zip code:				
Home phone:		Cell phone:				
Home phone:			Cell phone:			
Emergency contact other than parent:		Phone:				
Emergency contact other than parent:		Phone:				
Group #:			Policy #:			
Health problems:		Allergies:				
Medication/time (prescription only): #1		#2				
	Home phone:	Home phone: Home phone: Phone: Phone: Group #: Allergies	Home phone: Home phone: Phone: Phone: Group #: Allergies:	Home phone: Cell phone Home phone: Cell phone Phone: Phone: Group #: Policy #: Allergies:		

Please indicate if your child will be getting a sack lunch from the scho	ool cafeteria. Yes	🗆 No 🗆	Not Applicable
Printed name of parent/guardian:	Signature:		

* All students are encouraged to purchase student accident insurance.

Reminder Parents: All GISD chaperones going on field trips must apply online and be approved volunteers in the RAPTOR System prior to the trip.

Sponsor will maintain possession of this signed form during the trip and a copy will be provided to the principal (or designee).