

Regardless of age students are not allowed to sign permission slip in the place of parent/guardian

I, the undersigned parent or guardian, do hereby grant permission for my son or daughter, whose full name is, _____, to participate in the Field Day _____ to _____ at _____ on _____.

I acknowledge, understand and agree that by taking part in this trip, its activities and exhibition, there is a possibility of physical illness or injury (minimal, serious or catastrophic) and that the participant is assuming the risk of such illness or injury by participating.

I further agree to hold harmless Del Valle ISD, _____ and the _____ for any illness or injury incurred by participant during the course of this trip.

In order that the participant may receive the necessary medical treatment in the event of serious injury or illness, I hereby hold Del Valle ISD, _____, and the _____ harmless in the exercise of this authority.

Please list below any medications to which your student is allergic or currently taking. If he/she is under medication, please check to make sure he/she brings his/her medication and that they know the proper prescribed dosage. Please complete the requested information below:

Medication Allergies:	
Medication Taking and Procedure:	Time of Administration:

This is to certify that I authorize _____ to secure any and all emergency medical care and treatment for my child in the event of acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical cost associated with student injury. In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against; District, its Trustees, employees, agents and assign, any and all claims for medical expenses, loss of service, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity. In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student ID Number, Print and Signature

Parent/Guardian Signature

Sponsor Signature

Daytime Phone Number

Evening Phone Number
