

Northwest ISD  
061911

Senior Picnic @  
HASLET PARK

Revised: 10-2015

STUDENT ACTIVITIES:  
TRAVEL

May 22<sup>nd</sup>

FMG (REGULATION)  
(EXHIBIT)

EXHIBIT C

Northwest Independent School District

### School-Sponsored Trip Information and Permission Slip

As part of our school activities, the following school-sponsored trip has been scheduled:

Organization/Group CLASS OF 2019	Campus VR EATON HS	Teacher/Sponsor's Name Miles / Shepherd		
Destination HASLET PARK	Date of Trip 5/22/19	Time of Departure 1:00 PM	Time of Return 4:00 PM	Sack Lunch Needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Trip Activity: \$ <u>      </u>	Meals (If Applicable): \$ <u>FOOD TRUCKS</u>	Transportation (If Applicable): \$ <u>X BUS</u>		

bring \$ for food truck

In order for a student to be able to participate in the above school-sponsored field trip, written consent from the parent/guardian and a Student Medical/Emergency Information Card must be on file in the school office.

Please note this trip information on your calendar and return the Student Permission Slip. Thank you.

Teacher/Coach/Sponsor's Signature <i>Miles / Shepherd</i>	Date 2/7/19
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Assistant Principal

(Please detach here and return the bottom portion.)

### Student Permission Slip

Please Print Student's Last Name	First Name	MI	Teacher/Sponsor Miles / Shepherd
Destination HASLET PARK (Senior Picnic; must Ride BUS)			Date 5/22/19

As the parent of the above-named student, my signature hereby grants permission for him/her to participate in the school-sponsored trip specified above.

I understand that my child and I are responsible for the cost of his/her meals (unless in the event of a state or national competition).

It is understood that neither Northwest Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on this trip. I acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people I have listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any costs in the event my child must be transported by ambulance.

\*\*Please note my child has the following allergies/medical conditions and/or is currently taking the following medications:

Emergency Contact	Relationship	Home Phone	Work Phone
		( )	( )
		( )	( )
		( )	( )

Printed Name of Parent/Guardian	
Parent/Guardian's Signature	Date

\*\* Please attach EXHIBIT J - Medical Orders for Specialized Health Care Procedures.  
(Campus Health Clinic will have this on file)

Northwest ISD  
061911

May 21<sup>st</sup>  
Senior Walk

Revised: 10-2015

STUDENT ACTIVITIES:  
TRAVEL

FMG (REGULATION)  
(EXHIBIT)

EXHIBIT C

Northwest Independent School District

### School-Sponsored Trip Information and Permission Slip

As part of our school activities, the following school-sponsored trip has been scheduled:

Organization/Group <u>CLASS OF 2019</u>	Campus <u>VR EATON HS</u>	Teacher/Sponsor's Name <u>Pruett / shelstead</u>		
Destination <u>Elementary School</u>	Date of Trip <u>5/21/19</u>	Time of Departure <u>9:00 AM</u>	Time of Return	Sack Lunch Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost of Trip Activity: \$ <u>X</u>	Meals (If Applicable): \$ <u>X</u>	Transportation (If Applicable): \$ <u>X</u>		

In order for a student to be able to participate in the above school-sponsored field trip, written consent from the parent/guardian and a Student Medical/Emergency Information Card must be on file in the school office.

Please note this trip information on your calendar and return the Student Permission Slip. Thank you.

Teacher/Coach/Sponsor's Signature <u>[Signature]</u> Assistant Principal	Date <u>2/7/2019</u>
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(Please detach here and return the bottom portion.)

### Student Permission Slip

Please Print Student's Last Name	First Name	MI	Teacher/Sponsor <u>Pruett / shelstead</u>
Destination <u>Senior Walk @ NISD Elementary School</u>			Date <u>5/21/19</u>

As the parent of the above-named student, my signature hereby grants permission for him/her to participate in the school-sponsored trip specified above.

I understand that my child and I are responsible for the cost of his/her meals (unless in the event of a state or national competition).

It is understood that neither Northwest Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on this trip. I acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people I have listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any costs in the event my child must be transported by ambulance.

\*\*Please note my child has the following allergies/medical conditions and/or is currently taking the following medications:

Emergency Contact	Relationship	Home Phone	Work Phone
		( )	( )
		( )	( )
		( )	( )

Printed Name of Parent/Guardian	
Parent/Guardian's Signature	Date

\*\* Please attach EXHIBIT J - Medical Orders for Specialized Health Care Procedures.  
(Campus Health Clinic will have this on file)

APPROVED: 10/6/15

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Name of Elementary School