

KLEIN INDEPENDENT SCHOOL DISTRICT



SCHOOL TRIP PERMISSION FORM

A field trip or school-sponsored activity has been scheduled by your child's teacher/sponsor and principal as follows:

Destination	Date(s)	Approximate Hours of:	
		Departure	Return
Main Event	18 May 2014	12:00 AM	
Klein Oak High School	18 May 2014	5:00 AM	

This trip will be made in a (school vehicle) (private conveyance). A teacher or adult sponsor will accompany the group and a reasonable effort will be made to ensure a safe trip and to accomplish the educational objectives for which this activity has been planned. If you wish your child to participate in this event, please sign the permission slip below and return it to the teacher or sponsor.

If necessary, additional information concerning the trip is attached or may be obtained by calling:

 Teacher/Sponsor Klein Oak SNAPP Organization	 Principal
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The undersigned, being the parent or legally appointed and qualified guardian of _____ does hereby consent to said student's participation in the field trip or school-sponsored activity to _____

I herewith authorize the teacher/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in or while traveling to and from such event.

I have listed below any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. Special information: _____

_____ Date

_____ Signature

Emergency Phone No. _____

THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO THE STUDENT BEING ALLOWED TO PARTICIPATE. PARENT'S APPROVAL MAY NOT BE OBTAINED BY TELEPHONE.

Photocopies to: Sponsor
Office of Asst. Principal/Activities to accompany list of student participant names