

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

EXHIBIT C

Teacher Name

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
955 CAMPBELL ROAD, HOUSTON, TEXAS 77024
PARENT PERMISSION AND RELEASE OF LIABILITY FOR
STUDENTS PARTICIPATING IN TRIPS

_____, a student at _____ School,
Name School

has my permission to travel via school-arranged transportation to _____
Location

on _____, departing at _____ and returning at _____
Date

to participate in _____
Activity

I understand that students on trips are subject to school rules, including the student/parent handbook, SBISD Discipline Management Plan and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers, and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries that might be received during class activity, on trips, or while traveling to and from such trip destinations, except for those for which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

In order to participate in this trip, each student must have written permission from the parent/guardian.

Please sign below to grant permission for your child to go on this trip.

Signature of Parent/Guardian Date

Date

Special health or dietary needs: _____

In case of emergency, please contact:

Parent/Guardian Name (printed)

Phone Number

Name (printed)

Phone Number

The teacher or sponsor will attach the most current Medical Authorization Form for Trips to this document. (Parents: please keep this information updated.)