

See the following for forms relating to field trips:

- Exhibit A: Request for Field Trip Approval — 1 page
- Exhibit B: Notice to Parents of Planned Field Trip — 1 page
- Exhibit C: Acknowledgment of Responsibility and Permission for Student Participation in Field Trip — 1 page
- Exhibit D: Field Trip Transportation Request — 1 page
- Exhibit E: Request for Alternate Means of Travel for Field Trip — 1 page

Note: For a sample resolution of the Board to delegate approval of off-campus activities to the Superintendent for attendance accounting purposes, see FEB(EXHIBIT).

EXHIBIT A

REQUEST FOR FIELD TRIP APPROVAL

Date of field trip: _____

Date of request: _____

Destination of field trip: _____

Instructional purpose of field trip and its relationship to the curriculum:

Teacher/Sponsor (and organization): _____

Number of students: _____ Number of adults: _____

Departure time: _____ a.m. or p.m. (*circle one*)

Return time: _____ a.m. or p.m. (*circle one*)

Signature of teacher/sponsor _____

For Office Use Only:

Approved: _____ Disapproved: _____ Principal: _____

Approved: _____ Disapproved: _____ Central office (if applicable): _____

EXHIBIT B

NOTICE TO PARENTS OF PLANNED FIELD TRIP

Our class has been studying _____.
On _____ (*date*), the class plans to take a field trip to _____ (*destination of trip*) for the purpose of _____. We plan to leave at _____ (*time*) and return by _____ (*time*). A school bus will be used for transportation. The suggested clothes for this trip are _____. Students should bring (*a sack lunch*) or (*money for lunch in the amount of \$*_____).

In order for your child to go on the field trip, written parent permission is required, and an emergency medical treatment form must be on file at the school. Student safety is a high priority; however, since under state law the school is not responsible for medical costs associated with a student injury, the school requests that you complete and return the attached ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP.

Teacher: _____

Date: _____

EXHIBIT C

ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP

I, _____ (*parent*), agree to allow my child,
_____ (*child's name*), to attend the field trip to
_____ on _____. I understand that
while student safety is a high priority for the District, under state law, the school is not re-
sponsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I
agree to indemnify and hold harmless the District, its Trustees, employees, and agents from
all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from
all claims made by third parties against it or them that result from my child's actions on the
trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sover-
eign or governmental immunity that it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its
significance.

Parent: _____

Date: _____

Daytime phone number: _____

I (*will*) (*will not*) be available to participate in this field trip as a chaperone.

Note: The sponsors of any field trip should take copies of each student's Authorization to
Secure Emergency Medical Treatment. [See FFAC(EXHIBIT)]

EXHIBIT D

FIELD TRIP TRANSPORTATION REQUEST

Class/Organization: _____

Number of students participating: _____

Destination: _____

Departure date/time: _____ a.m. or p.m. (*circle one*)

Return date/time: _____ a.m. or p.m. (*circle one*)

Method of transportation requested: _____

Teacher/Sponsor signature: _____

Date of request: _____

For Office Use Only:

Approved: _____ Disapproved: _____ Principal: _____

Approved: _____ Disapproved: _____ Central office (if applicable): _____

To Be Used By The Transportation Department:

Bus assigned: _____ Beginning reading: _____

Driver assigned: _____ Ending reading: _____

Rate/hour: _____ Total mileage: _____

Remarks:

EXHIBIT E

REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR FIELD TRIP

My child, _____ (*name*), needs to travel to
and/or return from _____ (*destination of trip*) with me by
_____ (*car, other*) at _____ (*departure time*).

The reason for this alternate means of travel is _____
_____.

I hereby release and hold harmless the _____ School District
and its Trustees, employees, and agents from any and all liability in connection with this
alternate means of travel for this school field trip.

Parent signature: _____

Date: _____

For Office Use Only:

Approved: _____

Disapproved: _____

Principal signature: _____

Date: _____