

TRAVIS HIGH SCHOOL
ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT
PARTICIPATION IN SCHOOL-SPONSORED TRIP

Student Name: _____

School-sponsored trip to: Holocaust Museum Houston

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teachers accompanying the students on the trip with information relating to your child.

Teacher: Fred Krenck Date: 04/01/2022

important
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List any physical limitations (temporary or permanent):

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:



Must pay \$10 for bus fee (scan QR code to pay) & turn in field trip form to

Room P226 by March 23rd to attend.

Bring your own money for lunch

<https://fortbendisd.revtrak.net/hs/THS/thr-rho-kappa/#/v/thr-rho-kappa-field-trip>

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____ Group Number: _____



ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation will be provided by the district or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency contact person: _____ Phone No: _____