INSTRUCTIONAL RESOURCES FIELD TRIPS

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

INSTRUCTIONAL RESOURCES FIELD TRIPS

EFD (EXHIBIT)

EXHIBIT A

REQUEST FOR	FIELD TRIP	APPROVAL
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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):

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):

EFD (EXHIBIT)

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 (des-
tination of	f <i>trip</i>) for the purpose of	We plan to leave
at	(<i>time</i>) and return by	(<i>time</i>). A school bus will be used for
transporta	ation. The suggested clothes for t	nis trip are
		Students should bring (a sack lunch) or (money for
lunch in th	he 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 PARTICI-PATION IN FIELD TRIP.

Teacher: _____

Date: _____

EFD (EXHIBIT)

EXHIBIT C

ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR

STUDENT PARTICIPATION IN FIELD TRIP

I,	(parent)	(parent), agree to allow my child,	
	(child's name	, to attend the field trip to	
	on	I understand that	
while student safety is a hi	gh priority for the District, under	state law, the school is not re-	
sponsible for medical cost	associated with a student injurv	۷.	

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 sovereign 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)]