WAIVER, RELEASE, AND PERMISSION

Parent or l	Legal Guardian	··				
r archi or i	<u>Legar Guardian</u>	(Print Name)				
		(Address)				
		(City)				
	(Home Dhone	. #\	(Call Dhone #)	(E Moil Address)		
	(Home Phone	; # <i>)</i>	(Cell Phone #)	(E-Mail Address)		
Student:	(Print Name)			(Birth Date)		
sponsored	activities.	des All-District, Re		ics/concerts; All UIL sight-reading	g/concerts; choir trips, festivals, and	d other school
	-		nt named above, give my permis lent School District, Mansfield,		trip to the destination(s) and on the	e approximate dates set
group, and for any inj I understar Parent, or Trip Direct disciplinar transportar	I that they will ury suffered by and that execution Legal Guardia etor or the adultry action as the tion for returni	stay in public according the student in constant on of this document on, and Student acknown to sponsors to whom Trip Director in his ng home without es	nmodations. I hereby waive and nection with such trip. is a necessary condition preced owledge that because of the natu the Trip director delegates response sole judgment may impose on a cort, in the event of substantial in	ent to the Student's participation of the trip the student is expect onsibilities. Further, Parent, or Leg Student from time to time during to infraction of the Trip Director's ru	y will engage in incidental sightseei eld Independent School District, its on the trip. ted to conform to the rules, regulati gal Guardian, and Student consent t the trip, including delivering studer les or direction. If the Student is re all expenses reasonably incurred as	on, and direction of the o such reasonable at to a port of public eturned home for
•	•			read and understand this waiver, r	•	a resurt.
	-			EMERGENCY MEDICAL TRE		
	-				ne administration of any treatment ore, named above, whether acting sol	•
treatment; I understa	and for hospit nd that in the e	al care. vent of a medical or	·	in-Fact, or other Mansfield Indepe	esthetic; medical, dental, or surgica	
			I school trip of the Mansfield Inc July 31, 2024, whichever occur	-	eld, Texas, USA. This authorization	n expires upon the
Any hospi	tal or practitio	ner not having acces	ss to Student's medical history n	needs the following information:		
	Allergies:					
	Medication b	eing taken:				_
	Physical impa	airments:				_
	Emergency C	ontact :		Phone:		_
					Zip:	_
Other pert	inent facts to v	which I should be av				
						_
Dated:						
			(Parent o	or Legal Guardian Signature)		_

(Student Signature)