PERMISSION TO TRAVEL FORM

Acknowledgement of Responsibility and Permission for Student Participation in school-sponsored trips.

I agree to allow my child, _____ (child's name) to travel with a group or individual associated Lone Oak ISD on the trip(s) indicated below. I understand that while student safety is a high priority for the district, under state law, the school is not responsible 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 Lone Oak ISD, it Trustees, employees, and agents from all claims made against it/them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, and employees, and agents from all claims made to 3rd parties against it/them which result from my child's actions on the trip.

I understand that Lone Oak ISD, its trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance. This release applies to the trip(s) to be taken by Lone Oak ISD per specific information below:

Date(s): 2019-2020 school year and summer of 2020

Place(s): Football games for the 2019 Marching Season, Marching contests, Parades, UIL contests, Invitation concert contests, Band trips, and Summer Band Camps.

Group: Lone Oak H.S. Band and/or Lone Oak MS. Bands

Mode of Transportation: School district bus(s) and/or minivan(s)

PARENT SIGNATURE: _____

DATE: _____

MEDICAL FORM ON BACK……

EMERGENCY MEDICAL AND FIELD TRIP FORM

Student _____
DOB _____ Phone _____
Address _____
_____

Parent/Guardian _____ Phone: Home _____
Work _____

Other Contact _____
Home _____
Work _____

Doctor _____
Phone _____

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):
_____
_____
_____
_____

I consent to and authorize the Lone Oak ISD personnel and their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

_____
_____
Parent/Guardian Signature Date

Lone Oak ISD