

**Carrollton-Farmers Branch ISD
Permission, Waiver and Release Form
North Texas Teen Book Festival Field Trip 2025**

Carrollton Farmers Branch ISD is proud to offer the opportunity for our students to participate in the field trip to The **North Texas Teen Book Festival** at the Irving Convention Center on **Saturday, March 1st, 2025**. We will leave from Perry MS at **7:30am** and return at **5:00pm**. Participation in this Field Trip is voluntary, and we ask that you read and sign this form as a condition of participation.

I, as _____ (*parent/guardian*) of _____, desire that my _____ (*child or ward*) participate in the Field Trip and grant permission for my _____ (*child or ward*) to participate in and attend. This participation includes travel to and from the Field Trip activity.

Student Code of Conduct and Student Handbook

I acknowledge that I have made my child/ward adequately aware of the Carrollton-Farmers Branch ISD's Student Code of Conduct. I understand, and have made my child/ward aware, that the Field Trip and the events, activities and experiences related to it are school-related functions, and that all the rules and regulations from the Student Code of Conduct. I understand and agree that if my child/ward violates these rules and regulations, I may be required to pick-up my child/ward early from the Field Trip location.

Transportation

I understand and recognize that transportation of my child/ward will be provided by either vehicles owned and operated, or vehicles not owned or operated, by the Carrollton-Farmers Branch ISD. I hereby release and discharge the Carrollton-Farmers Branch, its employees, officers, agents and assigns from all claims, which I may have or claim to have against the Carrollton-Farmers Branch ISD, its employees, officers, agents and assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, caused by or arising out of, the above-described transportation.

Permission and Release

I agree to assume any and all liability stemming from my child/ward's participation on this Field Trip. I further agree to hold the Carrollton-Farmers Branch ISD, its Trustees, employees, and agents harmless from all claims or actions which I or my child have, or may have in the future, including any liability for injuries or damages which occur to my child or me as a result of his or her participation in this Field Trip. I agree to indemnify and hold harmless the Carrollton-Farmers Branch ISD, its Trustees, employees, and agents from all claims made by third parties against it or them on behalf of my child/ward or which may result from my child's action on the trip.

Consent to Medical Treatment

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I hereby authorize the sponsors for this event, on behalf of Carrollton-Farmers Branch ISD, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ (*name of child*).

Consent to Administration of Medications

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

Name (*please print*)

Phone number

Name (*please print*)

Phone number

Signature

I have read this Permission, Waiver and Release Form and understand all of its terms and conditions. I execute this Permission, Waiver and Release Form voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian

Date

Daytime Phone#

My student will get home after the field trip in the following manner (circle one):

Walking

Picked Up

Carpool with a Friend

My student will be eating lunch in the following manner (circle one):

Bringing lunch

Buying lunch

Need lunch provided