O'Donnell ISD Off-Campus Activities Parent Release

Please sign and return by _____.

STUDENT INFORMATION:

_____ _____ _____

Student's Name Grade Date of Birth

_____ _____ _____ _____

Mailing Address City State Zip

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Telephone Number(s) I can be reached:

Home: (_____)_____ Work: (_____)_____

Cell: (_____)_____

Release Statement:

My child is part of the (**OISD Group Name: _____)** and will be traveling with school supervision to school-sponsored activities for the 2017-2018 school year.

In case I cannot be contacted in person, I do hereby give my permission for the sponsor or officials of the O'Donnell Independent School District to authorize a physician/emergency medical personnel/health care institution to render such treatment as may be deemed necessary in an emergency for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

_____ _____

Parent/Guardian Signature Date

Remove bottom portion for your records.

CURRENT TRIP INFORMATION:

Sponsor in charge of the group: _____

Group will leave school at _____ on date: _____ to travel to _____. They are expected to return to the school campus at time: _____. Your child will need (approximately) $ _____ for meals or snacks. Additional notes: