Parent's Permission for Field Trip

Science Tea	acher:		
I hereby certify that my child		who atte	nds Mary Orr
To the best of my knowledge he/she is p from any disease or injury that would p		_	d is not suffering
I agree and do hereby waive and releas District and any teacher, employee or o to hold them harmless from any and al illness that may be suffered or any loss	other person engaged i I liability relating to n	in the activity in qu ny child for any per	estion and agree
I understand that reasonable measures child and that I will be notified in the c authorize the calling of a doctor or the	ase of emergency. In	the case of accident	•
Participation in the field trip will also be prior to the trip. Field trip attendance Handbook and input from the academic	will be based on police	y in MISD Interme	•
It is understood that no student will be or guardian sign this form.	allowed to participat	e in this activity un	til his/her parent
Signed at	, Texas, this	day of	, 201
Signature of parent/guardian			
Home Phone	Work Phone		
Address			
Physician's Name		Phone	
*** I understand that my money is non *** Team Independence (Science *** Team Patriot (Science Teach *** Team Freedom (Science Teach *** Team Honor (Science Teach	te Teacher Mrs. Schan ner Mrs. Thomas) – N ncher Mr. Baldwin) – l ner Ms. Limb) – Decen	ak) – November 6, 2 Tovember 20, 2015 December 4, 2015	015
Parent Initials Re	equired		