

# Round Rock High School



## PARENTAL PERMISSION FOR FIELD TRIP Release of all claims and consent to medical treatment

Release is made \_\_\_\_\_, 20\_\_ of \_\_\_\_\_  
Date Name of Student

by \_\_\_\_\_  
Name of Parent/Guardian

of \_\_\_\_\_  
Address City State Zip

Permission is granted to Round Rock Independent School District for the above-named student to attend:

### ACTIVITY:

**Dragon Baseball vs. Houston Memorial – Saturday, May 12<sup>th</sup>, 2018 – at Houston Memorial @ 1pm.**

**Students will be attending the second round baseball playoff game at Memorial High School (935 Echo Ln, Houston, TX 77024) via student fan bus on Saturday, May 12<sup>th</sup>. Please plan to arrive to campus between 9:45 and 10 am. The bus will depart from the front of the 1200 building at 10 am. If we sweep, we will return to campus between 5 and 6 pm. If a split necessitates a 3rd game, we will depart after that game and will arrive between 8 and 9 pm. Tiffanie Harrison is the point of contact and can be reached at [tiffanie\\_harrison@roundrockisd.org](mailto:tiffanie_harrison@roundrockisd.org) with any questions. The cost is \$5 – this is for the admission to the game. The students will need to bring additional money for concessions and meal following game, if desired.**

**Permission Forms must be turned in to the 1200 main office. by 4:30 pm on Friday, May 11<sup>th</sup>. Please go to [www.TheDragonNation.com](http://www.TheDragonNation.com) to sign up online for the fan bus. Seating will be first-come, first-served due to limited seating.**

I hereby release and discharge the Round Rock Independent School District, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the Round Rock Independent School District, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, caused by or arising out of the above described educational trip.

I further hereby authorize a representative of the Round Rock Independent School District to consent to medical treatment of the above-named student in the event of an emergency on the trip.

I, the undersigned, have read this Release and Consent to Medical Treatment and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Cell Phone Number