

# 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:

**Lady Dragon Soccer Play-off game vs Klein Oak – Thursday, March 30th – at College Station High School.**

**The game will start at 7:30 PM. The fan bus will depart RRHS at 4:00 PM from the bus lane between 700 and 200 building by field house and return immediately upon completion of contest. Anticipated time of return is between 11:00-11:30pm. The bus will be stopping for food on the way home from College Station HS.**

**The cost is \$3 – 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 either the 100 or 1200 main office. by 9:30 am on Thursday morning. 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