

INSTRUCTIONAL RESOURCES
FIELD TRIPS

EFD
(EXHIBIT)

The following exhibits may be used for field trips:

Exhibit A: Request for Field Trip Approval— 1 page

Exhibit B: Sample Letter: Notice of Planned Field Trip — 1 page

Exhibit C: Acknowledgement of Responsibility and Permission for Student Participation
in Field Trip — 1 page

Exhibit D: Request for Alternate Means of Travel for Field Trip — 1 page

Henderson ISD
201902

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HENDERSON ISD
REQUEST FOR FIELD TRIP APPROVAL

Date of request _____

Date of field trip _____

Departure time _____ a.m. or p.m. (*circle one*)

Return time _____ a.m. or p.m. (*circle one*)

Destination of field trip

Instructional purpose of field trip and its relationship to the curriculum. List TEKS addressed.

Teacher/Sponsor (and organization) _____

Number of students _____ Number of adults _____

Signature of teacher/sponsor _____

For Administrative use only:

Cost \$ _____

Funding Sources _____

Approved _____ Disapproved _____ _____ Principal

Approved _____ Disapproved _____ _____ Central office (if applicable)

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HENDERSON ISD
NOTICE OF PLANNED FIELD TRIP

Date:

To: Parent(s) and/or Guardian(s)

From: _____, Teacher

Subject: Field Trip to _____

Our class has been studying _____.

On _____, the class plans to take a field trip to _____

for the purpose of _____. We plan to leave at _____ and return by _____. A school bus will be used for transportation.

The suggested clothes for this trip are _____.

Students should bring \$_____ for _____.

In order for your child to go on the field trip, written parent permission is required, and an emergency medical treatment form must be on file at the school. Student safety is a high priority; however, since under state law the school is not responsible for medical costs associated with a student injury, the school requests that you complete and return the attached ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP.

HENDERSON ISD
ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP

I, _____ (*parent*), agree to allow my child,

_____ (*child's name*), to attend the field trip to
_____ on _____. I understand that
while student safety is a high priority for the District, under state law, the school is not
responsible for medical costs associated with a student injury.

I understand that I will be notified in writing by the teacher or the principal prior to taking
any field trips during the school year.

I give my permission for my child named above to ride a bus when required for
participation in a field trip.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I
agree to indemnify and hold harmless the District, its Trustees, employees, and agents
from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents
from all claims made by third parties against it or them that result from my child's actions
on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any
sovereign or governmental immunity that it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of
its significance.

Parent _____ Date _____
Daytime phone number _____

Note: The sponsors of any field trip should take with them copies of each student's
Authorization to Secure Emergency Medical Treatment. [See FFAC(EXHIBIT)]

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HENDERSON ISD
REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR FIELD TRIP

My child, _____ (*name*), needs to travel to
and/or return from _____ (*destination of trip*) with
me by _____ (*car, other*) at _____ (*departure time*).

The reason for this alternate means of travel is _____
_____.

I hereby release and hold harmless the Henderson Independent School District and its
Trustees, employees, and agents from any and all liability in connection with this
alternate means of travel for this school field trip.

Parent signature _____

Date _____

Approved _____

Disapproved _____

Principal signature _____

Date _____