



RISD Fine Arts Department Authorization and Release for Student Travel -- Local

General Information

Welcome to the Fine Arts Department for the 2016 – 2017 school year. We are looking forward to a dynamic year. Throughout the year, your student's Fine Arts program may travel locally to performances, competitions, etc. Students represent the Richardson Independent School District and their school at all times. Student participation in this trip or any other activity is conditioned upon the student's compliance with all applicable rules and policies before and during the activity. Any student who engages in inappropriate behavior while away from RISD on a school-sponsored trip is subject to immediate removal from the activity at the parents' expense in addition to any other school discipline which may be administered.

This form is designed to obtain your permission for your student to participate in these school-sponsored local trips throughout the year. A separate form will be provided for any trips that involve overnight travel. Transportation generally will be provided via school buses or district approved vendor. If the school arranges for transportation to an activity, all students participating in the activity are required to travel to and from the activity in the school-arranged transportation unless the parent provides specific written notification to the director in advance of the activity that the parent will provide transportation to and/or from the activity.

Please carefully read and complete all information requested on this form. Incomplete forms may delay your student's approval for Fine Arts activities.

Student and Parent/Legal Guardian Information *(Please print legibly and provide all requested information)*

Student's Full Name _____ DOB _____

Student's Address _____

Student Mobile Telephone # _____ Student Home Telephone # _____

Name(s) of Student's Parent(s)/Legal Guardian(s) _____

Address (if different from student) _____

Mother's Telephone Contact #s (Home, Mobile, Work) _____

Father's Telephone Contact #s (Home, Mobile, Work) _____

Name/Contact #s for Alternate Adult (Emergency Contact) _____

Name/Contact #s for Alternate Adult (Emergency Contact) _____

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PRINTED Student Name: _____

PARENT/LEGAL GUARDIAN AUTHORIZATION & RELEASE

My signature below certifies that I (i) am the parent/legal guardian of the student named in this form and that I have full legal authority to made decisions concerning this minor child, (ii) have carefully completed the information requested on this form and the information is true and complete, and (iii) authorize RISD to transport my student named herein to and from school-sponsored activities such as performances, competitions, etc. connected with his/her participate in the Fine Arts program. I understand that the Richardson Independent School District and its employees will take reasonable steps to ensure the activity, including transportation, is conducted in a safe and responsible manner but I further understand and agree that my student could be injured or sustain other damage or loss. In consideration of the work by the Richardson Independent School District and its employees to plan and sponsor trips and activities and to allow my student to participate, on my own behalf and on behalf of my minor student named herein, I hereby release and hold harmless the Richardson Independent School District and its trustees, employees, agents, assigns, and volunteers from any claims or causes of action, including negligence, resulting from any damages, injuries, or other loss to my student, to me, or my family, arising out of or resulting from my student's participation in school-sponsored activities through the Fine Arts Department.

In the event that my student is presented for or requires medical treatment or surgery or any other form of medical care or aid, I authorize the trip sponsors/chaperones to provide consent for my student to obtain such care and I authorize any medical provider to communicate or consult with such sponsors or chaperones about my student's medical treatment, including disclosing my student's protected health information. I understand that I am responsible for payment of all costs or charges related to medical treatment my student receives such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

Signature: _____ Signature: _____

Date Signed _____ Date Signed _____

Health-Related Information

1. List allergies to food, medications, other. (If None, state NKA.)

2. Describe all major health concerns and illnesses (*e.g.*, diabetes, epilepsy, allergies, heart issues, etc.) (If None, so state.)

3. Will the student be required to take any medication on the trip? If yes, describe. If no, so state.
List medication(s), their purpose, mode of administration, and any assistance the student requires

4. Date of last Tetanus injection:

5. Name/Address/Phone of family physician:

6. Does student wear (yes/no): glasses? _____ contact lenses? _____ hearing aid? _____ other assistive device? _____

7. Additional medical information or comments:

Insurance Coverage – Please attach a copy (front and back) of any medical and/or dental insurance card(s) under which the student is covered. Identify which carrier provides the primary coverage, if applicable.

Name of Parent who is the Policy Holder: _____