

AGUA DULCE INDEPENDENT SCHOOL DISTRICT

School Bus Permission Slip

Student Name	Grade	Date of Trip
<i>American Bank Center</i>		<i>R. Vackerman</i>
Destination	Sponsor	
<i>Career Expo and College Fair (See Flyer)</i>		
Purpose of Trip		
<i>8:30 p.m.</i>	<i>3:00 p.m.</i>	
Departure Time	Return time	

My child has permission to ride the school bus for the above field trip. In the case of a medical emergency, school officials have my permission to administer first aid or approve emergency treatment by licensed medical personnel. Further, school personnel have permission to transport or authorize medical transportation to the nearest doctor or hospital. I understand that all efforts will be made to contact me in the case of an emergency. I hereby expressly waive any claim for liability against the Agua Dulce ISD Board of education, agents or employees of the school district and release them from any and all liability or claims in connection with the trip listed above.

Further, I assume full responsibility for any damage to persons or property caused by my child.

Below are emergency numbers where the parent(s), other relative or friend may be reached during the trip.

Emergency contact #1	Name	Relation
	(Home)	(Work)
	(Cell)	(Pager)
Emergency contact #2	Name	Relation
	(Home)	(Work)
	(Cell)	(Pager)
Emergency contact #3	Name	Relation
	(Home)	(Work)
	(Cell)	(Pager)
Emergency contact #4	Name	Relation
	(Home)	(Work)
	(Cell)	(Pager)

X PARENT SIGNATURE _____