

EL PASO INDEPENDENT SCHOOL DISTRICT

PARENT/GUARDIAN/RESPONSIBLE ADULT PERMISSION FOR STUDENT TRAVEL/ACTIVITIES

	, the undersigned, parent(s), legal guardian(s), or
designated responsible adult of	
to attend <u>Community Activities to include Armijo Park, Armi</u>	<mark>ijo Library, Armijo Recreation Center, Silva's Supermarket</mark> and to
(event and place) travel by transportation provided by the El Paso In	ndependent School District or others.
representative to give consent to a physician and	ndependent School District to permit its designated d/or hospital for emergency medical and/or surgical kness or injury requiring emergency treatment while
employees, are not responsible for any accidents, result of this trip, and that they do not assume, are expenses that might be incurred for any said mediand hold harmless the El Paso Independent School any and all financial responsibility for any expension child as a result of this trip, except for those	pendent School District, its Board of Trustees, and injuries or sickness which may occur during or as a nd will not have, any financial responsibility for any ical or surgical treatment. I hereby agree to indemnify ol District, its Board of Trustees and employees from ses or damages which may be sustained by us or by se expenses or damages incurred as a result of the a School District employee acting within the scope of
1 7	e will notify us as soon as feasible following any ssary medical or surgical treatment should not be
Date	Parent, Guardian or Responsible Adult
Address	Home Telephone Number
Sponsor's Copy – White School's Copy – Canary Parent's Copy – Pink	Emergency Telephone Number