

STUDENT ACTIVITIES:  
TRAVEL

FMG (REGULATION)  
(EXHIBIT)

EXHIBIT C

Northwest Independent School District

## School-Sponsored Trip Information and Permission Slip

As part of our school activities, the following school-sponsored trip has been scheduled:

Organization/Group <b>BNHS FFA</b>	Campus <b>Byron Nelson High School</b>	Teacher/Sponsor's Name <b>Goggins/McCoy/Deal</b>	
Destination <b>Officer Retreat Mt. Vernon, TX</b>	Date of Trip <b>7/3-8/2</b>	Time of Departure <b>8:00am</b>	Time of Return <b>4:00pm</b>
Cost of Trip Activity: \$		Sack Lunch Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Meals (If Applicable): \$		Transportation (If Applicable): \$	

In order for a student to be able to participate in the above school-sponsored field trip, written consent from the parent/guardian and a Student Medical/Emergency Information Card must be on file in the school office.

Please note this trip information on your calendar and return the Student Permission Slip. Thank you.

Teacher/Coach/Sponsor's Signature <b>A Deal</b>	Date <b>4/25/17</b>
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(Please detach here and return the bottom portion.)

## Student Permission Slip

Please Print Student's Last Name	First Name	MI	Teacher/Sponsor <b>Goggins/McCoy/Deal</b>
Destination <b>Officer Retreat - Mt. Vernon, TX</b>			Date

As the parent of the above-named student, my signature hereby grants permission for him/her to participate in the school-sponsored trip specified above.

I understand that my child and I are responsible for the cost of his/her meals (unless in the event of a state or national competition).

It is understood that neither Northwest Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on this trip. I acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people I have listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any costs in the event my child must be transported by ambulance.

**\*\*Please note my child has the following allergies/medical conditions and/or is currently taking the following medications:**

Emergency Contact	Relationship	Home Phone	Work Phone
		( )	( )
		( )	( )
		( )	( )

Printed Name of Parent/Guardian	
Parent/Guardian's Signature	Date

**\*\* Please attach EXHIBIT J – Medical Orders for Specialized Health Care Procedures.  
(Campus Health Clinic will have this on file)**

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EXHIBIT M

Northwest Independent School District

**Emergency Medical Treatment Parent Permission**  
**(For Day Trips, Overnight Trips, or Trips Outside of 100 Mile Radius)**

Student Name:
Date and Activity Involved:

Please provide the following insurance information for your child. In the event of an emergency that requires medical care for your child by an Emergency Care Facility or Hospital, this information will be required.

Name of Insured		
Insured's Employer and Mailing Address		
Name of Insurance Company and Mailing Address		
Insurance Company Phone		
Group #	Policy #	ID #

I grant permission in the event of an emergency requiring medical care beyond what the NISD staff can provide, for NISD Staff Member(s) in supervision at this event to provide or obtain transportation for my child to an emergency medical facility. I understand that NISD is not liable for the cost of emergency transport or for the cost of emergency care and/or subsequent care of my child related to this event.

Parent Signature	Date
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EXHIBIT N

Northwest Independent School District

### Student Conduct Pledge for Trips Outside of 100 Mile Radius

Student Name:

The following are agreements I have made with my teacher(s)/sponsor(s) concerning my attitude and behavioral actions while participating in this off campus learning opportunity.

1. I understand that I am still in school while on this trip. I will cooperatively abide my all regular NISD Student Code of Conduct rules as well as any rules required by the venue which we are visiting. I will show respect to my teachers, group leaders, and employees of establishments we visit, who give me directions to insure my safety and the safety of others.
2. I will show respect to myself and my fellow peers by being of help and support to others. I will not harass or enter into altercations with others.
3. I shall abide by codes of dress that are appropriate for the activities in which I participate. No clothing will be worn which might be offensive or obscene as defined by NISD Student Code of Conduct or any clothing that might pose a safety hazard.
4. I will be prompt to all roll calls, meals, and activities. I agree that my behavior should respect the environment and the objectives of the trip.
5. I fully understand that my parent will be contacted to provide transportation home if any behavior or action on my part poses a threat to my own safety, the safety of others, disrupts the instructional program, the employment of others, or results in the destruction of the environment or property in any way.
6. I have received and reviewed the NISD Student Code of Conduct.

**I agree to the terms stated above which have been explained to me by my parent of legal guardian.**

Student's Signature	Date
Parent/Guardian Signature	Date