

EL PASO INDEPENDENT SCHOOL DISTRICT  
**PARENT/GUARDIAN/RESPONSIBLE ADULT**  
**PERMISSION FOR STUDENT TRAVEL/ACTIVITIES**

I \_\_\_\_\_, the undersigned, parent(s), legal guardian(s), or designated responsible adult of \_\_\_\_\_, give him/her permission to attend \_\_\_\_\_ and to travel by transportation provided by the El Paso Independent School District or others.  
*(event and place)*

I also authorize the authorities of the El Paso Independent School District to permit its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment for our son/daughter in the event of sickness or injury requiring emergency treatment while on this trip.

I understand that the school, the El Paso Independent School District, its Board of Trustees, and employees, are not responsible for any accidents, injuries or sickness which may occur during or as a result of this trip, and that they do not assume, and will not have, any financial responsibility for any expenses that might be incurred for any said medical or surgical treatment. I hereby agree to indemnify and hold harmless the El Paso Independent School District, its Board of Trustees and employees from any and all financial responsibility for any expenses or damages which may be sustained by us or by my child as a result of this trip, except for those expenses or damages incurred as a result of the negligent operation or use of a motor vehicle by a School District employee acting within the scope of employment.

I further understand that an EPISD employee will notify us as soon as feasible following any emergency involving my child, but that necessary medical or surgical treatment should not be delayed pending such notification.

\_\_\_\_\_  
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