

AHISD ☀ SUMMER AT HEIGHTS

FIELD TRIP FORM

***This form is required only for students enrolled in courses which include off-campus field trips.
A hard copy of the signed form is required before student's departure.**

Student's Name: _____

Select Course: Two-wheeling Across San Antonio

Location(s): _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

I request that my child be allowed to participate in the above stated Field Trip.

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegate agents of the above-named school to act on my behalf and approve appropriate treatment. Should my son or daughter require the dispensing of special medication, I shall submit a separate letter granting permission.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my child en route, during, and returning from the field trip. I further agree to indemnify and save harmless AHISD, its staff, and adult supervisors working on its behalf.

During business hours, I can be reached at (phone number): _____

Signature: _____ Date: _____