



Runge Independent School District

P.O. Box 158
Runge, Texas 78151
Phone: (830) 239-4315
Fax (830) 239-4816

Field Trip Permission Form

I give permission for my child, _____, to go to _____, in Texas on _____.

I understand that I am responsible for providing a working telephone number for the person I designate as being responsible for making decisions concerning my child while on the trip. If the designated person is someone other than myself or spouse, I will let that person know I have designated him/her and ask him/her to stay close to the phone in case of emergency. I will let the Campus Office know immediately of any changes.

*****Please be aware that NO ONE can legally authorize medical treatment for a child except his/her parent or legal guardian. *****

Please call ME if there is an emergency. I can be reached at _____.

I have designated _____ He/She can be reached at _____. I understand that this person may not authorize emergency treatment for my child at the hospital.

Please sign below and have your child return this form by _____, 20__.
If it is not returned, we will assume you do not want your child to attend the field trip.

We will be leaving at _____ a.m. and returning at approximately _____ p.m.

My child will bring a sack lunch from home.

My child will need a sack lunch provided by the cafeteria.

Parents Signature

Date

Additional Emergency Contact Number(s) (OPTIONAL) _____

Comments/additional information: (Please Include Important Medical Information, Allergies, ETC.)

