



## RISD Fine Arts Department Authorization and Release for Student Travel

### General Information

*Throughout the year, your student's Fine Arts program may travel locally or out of the local area to performances, competitions, enrichment opportunities etc. Your student is eligible to attend if you choose to allow the student's participation. These trips are designed for enrichment, entertainment, and/or curriculum enhancement and your student's participation is completely voluntary. If a trip involves travel out of the local area, students will be responsible for meeting all financial commitments for the trip. Students represent the Richardson Independent School District and their school at all times. Student participation in this trip or any other activity is conditioned upon the student's compliance with all applicable rules and policies before and during the activity. Any student who engages in inappropriate behavior while away from RISD on a school-sponsored trip is subject to immediate removal from the activity at the parents' expense in addition to any other school discipline which may be administered.*

*This form provides basic information about the trip and seeks to gather important information about your student that is necessary during the trip. The activity sponsor will provide more detailed information and you will have the opportunity to ask questions to ensure you make a fully informed decision about your student's participation in this activity.*

*Please carefully read and complete all information requested on this form. Incomplete forms may delay your student's approval for the activity.*

### Student and Parent /Guardian Information *(Please print legibly and provide all requested information)*

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Student's Address \_\_\_\_\_

Student Mobile Telephone # \_\_\_\_\_ Student Home Telephone # \_\_\_\_\_

Name(s) of Student's Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Mother's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Father's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

PRINTED Student Name: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION & RELEASE**

My signature below certifies that I (i) am the parent/legal guardian of the student named in this form and that I have full legal authority to make decisions concerning this minor child, (ii) have carefully completed the information requested on this form and the information is true and complete, (iii) have familiarized myself with the school-sponsored activity described in this form and I have had an opportunity to ask questions about any aspect of the activity, and (iv) authorize my student named herein to participate in the described activity, including the use of transportation through common carriers or other public or private means. I understand that the Richardson Independent School District and its employees will take reasonable steps to ensure the activity is conducted in a safe and responsible manner but I further understand and agree that my student could be injured or sustain other damage or loss. In consideration of the work by the Richardson Independent School District and its employees to plan and sponsor this trip and to allow my student to participate, on my own behalf and on behalf of my minor student named herein, I hereby release and hold harmless the Richardson Independent School District and its trustees, employees, agents, assigns, and volunteers from any claims or causes of action, including negligence, resulting from any damages, injuries, or other loss to my student, to me, or my family, arising out of or resulting from my student's participation in this trip.

In the event that my student is presented for or requires medical treatment or surgery or any other form of medical care or aid, I do hereby authorize the trip sponsors/chaperones to provide consent for my student to obtain such care and I authorize any medical provider to communicate or consult with such sponsors or chaperones about my student's medical treatment, including disclosing my student's protected health information. I understand that I am responsible for payment of all costs or charges related to medical treatment my student receives such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

**Health-Related Information**

1. List allergies to food, medications, other. (If None, state NKA.)
  
2. Describe all major health concerns and illnesses (e.g., diabetes, epilepsy, allergies, heart issues, etc.) (If None, so state.)
  
3. Will the student be required to take any medication on the trip? If yes, describe. If no, so state.  
*List medication(s), their purpose, mode of administration, and any assistance the student requires*
  
4. Date of last Tetanus injection:
  
5. Name/Address/Phone of family physician:
  
6. Does student wear (yes/no): glasses? \_\_\_\_\_ contact lenses? \_\_\_\_\_ hearing aid? \_\_\_\_\_ other assistive device? \_\_\_\_\_
  
7. Additional medical information or comments:

**Insurance Coverage** – Please attach a copy (front and back) of any medical and/or dental insurance card(s) under which the student is covered. Identify which carrier provides the primary coverage, if applicable.

Name of Parent who is the Policy Holder: \_\_\_\_\_