EL PASO INDEPENDENT SCHOOL DISTRICT

PARENT/GUARDIAN/RESPONSIBLE ADULT

PERMISSION FOR STUDENT TRAVEL/ACTIVITIES

(Parent's Nai	ne)	, the undersigned, p	arent(s), legal guardian(s), or designated
responsible adult of	(Student's Nar	me)	, give him/her permission to attend
2022 EPISD Parade of Choirs	@ Bowie High Scho	ool, Thursday, Novem	ber 3, 2022 @ 4:30PM and to travel by
transportation provided by th	e El Paso Independ	lent School District or	others.
I also authorize the authoritie	s of the El Paso Ind	ependent School Distr	rict to permit its designated
representative to give consen	t to a physician and	d/or hospital for emerg	gency medical and/or surgical
treatment for our son/daught	er in the event of s	ickness or injury requi	ring emergency treatment
while on this trip.			
I understand that the school,	the El Paso Indeper	ndent School District, i	ts Board of Trustees, and
employees, are not responsib	le for any accidents	s, injuries or sickness w	vhich may occur during or as a
result of this trip, and that the	ey do not assume, a	and will not have, any	financial responsibility for any
expenses that might be incurr	ed for any said med	dical or surgical treatn	nent. I hereby agree to
indemnify and hold harmless	the El Paso Indeper	ndent School District, i	its Board of Trustees and
employees from any and all fi	nancial responsibili	ity for any expenses or	damages which may be
sustained by us or by my child	l as a result of this t	trip, except for those e	expenses or damages incurred
as a result of the negligent op	eration or use of a	motor vehicle by a Sch	nool District employee acting
within the scope of employme	ent.		
I further understand that an E	PISD employee will	I notify us as soon as fo	easible following any
emergency involving my child	, but that necessary	y medical or surgical tr	reatment should not be
delayed pending such notifica	tion.		
Date			Parent, Guardian or Responsible Adult
Emergency Telephone Number			Address
Home Telephone Number			Grade & Homeroom Teacher