

Galena Park ISD  
101910

STUDENT ACTIVITIES  
TRAVEL

FMG  
(EXHIBIT)

GALENA PARK INDEPENDENT SCHOOL DISTRICT  
PARENTAL PERMIT FOR STUDENT TRIPS

Dear Parent/Guardian:

A school trip to the \_\_\_\_\_ involving your child is scheduled  
for \_\_\_\_\_.

The purpose of the trip is \_\_\_\_\_, and we will  
be traveling by \_\_\_\_\_.

Your signed permission is necessary. Please contact me at \_\_\_\_\_ if you have any  
questions.

\_\_\_\_\_  
Staff member's signature

\_\_\_\_\_  
Grade/Department/School

.....  
Please sign and return this portion of the form.

\_\_\_\_\_ has my permission to participate in the  
(Student's name)

school trip to \_\_\_\_\_  
scheduled for \_\_\_\_\_.

I understand that all precautions will be taken to prevent any accident, and I do hereby release  
the Galena Park Independent School District from any liability resulting from an accident  
involving my child while on this trip. In case of emergency, I hereby authorize a District  
representative to seek medical attention for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

DATE ISSUED: 10/09/95  
LDU-02-95  
FMG (EXHIBIT) X