

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