

**RELEASE OF ALL CLAIMS
AND
CONSENT TO MEDICAL TREATMENT**

PARENTAL PERMISSION FOR EDUCATIONAL TRIP

Release is made _____, 20_____, by
Date

Parent/Guardian's Name

of _____
Street City State Zip

as the _____ of _____
Parent/Guardian Student's Name

In consideration of permission granted the above-named student by the Round Rock Independent School District
to attend _____

Description of Activity

I hereby release and discharge the Round Rock Independent School District, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the Round Rock Independent School District, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries, known or unknown, and from all known or unknown injuries to property, real or personal, caused by or arising out of the above described educational trip.

I further hereby authorize a representative of the Round Rock Independent School District to consent to medical treatment of the above-named student in the event of an emergency on the trip.

I the undersigned, have read this Release and Consent to Medical Treatment and understand all its terms and conditions. I execute it voluntarily and will full knowledge of its significance.

Insurance Company

Signature of Parent/Guardian

Policy Number

Date

RRHS NEW 08/93