

**MIDWAY INDEPENDENT SCHOOL DISTRICT  
MIDWAY MIDDLE SCHOOL  
FIELD TRIP PERMISSION FORM**

Date: \_\_\_\_\_

I hereby give permission for my son/daughter \_\_\_\_\_, to go on trips with the Midway Middle School \_\_\_\_\_ during the current school year. The trips will include, but are not limited to competition activities. Some of these activities may involve out-of-town travel.

I understand all trips will be by school vehicle under the supervision of Midway Independent School District personnel. I hereby relieve the Midway Independent School District of all responsibility beyond that of normal supervision. Parents will be notified in advance of all \_\_\_\_\_ trips.

As parent/guardian of the above named student, I authorize the school to take my child to a doctor for treatment of accident or sickness and to administer first aid as deemed necessary by proper officials of MISD. I assume all responsibility for bills incurred for medical expenses in excess of any insurance coverage on the student. (Parents will be notified of any injury as soon as possible.)

**STUDENT INSURANCE INFORMATION**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Date Signature of Parent/Guardian

\_\_\_\_\_

Address

\_\_\_\_\_

Phone numbers (home/work/cell)