

North Zulch ISD

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FIELD TRIP PERMISSION AND RELEASE

This section is to be completed by the supervising teacher before distribution to parents/guardians:

| | |
|--|--|
| Destination: | |
| Supervising Teacher(s)/Grade(s) | |
| Date(s) of Trip: | |
| Method of Transportation: | <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Suburban <input type="checkbox"/> Truck |
| If overnight, specify housing arrangements: | |

To be completed by Parent/Guardian:

I, the parent/guardian of _____, hereby give permission for him or her to participate in the above-named field trip. In consideration of the advantages of this field trip, I agree to release, indemnify, and hold harmless North Zulch Independent School District and its employees from liability for bodily injury or property damage that might occur during this trip. If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have communicated those needs to the school personnel.

Printed Name of Parent/Guardian: _____

Emergency Contact Number: _____

Signature of Parent/Guardian: _____ **Date:** _____

Note to school personnel:
