

Field Trip Permission Slip/Emergency Medical Release

Organization: **Alief ISD**
Sponsor(s): **Alief ISD STEM**
Field Trip Destination: **Introduce a Girl to Engineering - 2023**
Date of Field Trip: **Saturday, February 18th, 2023**
Time Leaving: **8:00 AM**
Time Returning: **3:30 PM**
Mode of Transportation: **Bus**

I, _____, pledge to abide by all district policies of the Alief Independent School District student handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

Student Signature: _____ Date: _____

School ID: _____ Date of Birth: _____

Advisory Teacher: _____ Grade Level: _____

I, the parent/guardian of _____, understand and agree that this trip is a school-sponsored activity and function. This release is intended to cover all injuries and illnesses of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used. A district administrator will be facilitating the trip.

Emergency Medical Release Form

Student's Printed Name: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone (if applicable): _____ Pager (if applicable): _____

Emergency Contact Person: _____ Emergency Phone: _____

Relationship of Emergency Contact Person to Student: _____

Insurance Company: _____ Policy Number: _____

Doctor's Name: _____ Doctor's Phone: _____

Blood Type: _____ Known Allergies: _____

Medication: _____

Any Additional Medical Information: _____

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Students will be transported to the Alief Police Department if not picked up within 45 minutes of our return to campus. Alief ISD Police # 281-498-8110 Extension 5570.

PERMISO PARA PARTICIPAR EN UNA EXCURSIÓN EDUCATIVA/AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA

Organización: **Alief ISD**

Patrocinadores: **Alief ISD STEM**

Destino de la excursión educativa: **Introduce a Girl to Engineering - 2023**

Fecha de la excursión educativa: **Saturday, February 18th, 2023**

Hora de salida: **8:00 AM**

Hora de regreso: **3:30 PM**

Medio de transporte: **bus**

Yo, _____, el suscrito, me comprometo a cumplir con todas las políticas del distrito establecidas en el «Manual del estudiante de Alief ISD». Entiendo que las reglas que rigen mi comportamiento en este viaje son las mismas vigentes en la escuela. La consecuencia de no cumplir con cualquiera de estas políticas será una sanción disciplinaria.

Firma del estudiante: _____ fecha: _____

N° de identidad estudiantil: _____ fecha de nacimiento: _____

Maestro supervisor: _____ grado: _____

Yo, padre o tutor de _____, entiendo y convengo en que esta excursión es función y actividad patrocinadas por la escuela. La presente autorización es un descargo de responsabilidad que exime al distrito de toda responsabilidad en cuanto a toda herida y enfermedad de cualquier nombre, tipo, forma o naturaleza y a todo daño a la propiedad personal, si los hubiere, que surgieren a causa de o como consecuencia de la participación en los eventos especificados. Entiendo que soy responsable del costo del transporte relacionado a la vuelta de mi hijo a la casa por motivos disciplinarios y que en tal caso, se me dará la oportunidad de elegir el medio de transporte a ser usado. Un funcionario administrativo del distrito facilitará la excursión.

AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA

Nombre del estudiante (letra de imprenta): _____

Padre o tutor: _____ tel. de la casa: _____

Dirección: _____ tel. del trabajo: _____

Tel. celular: _____ *bíper*: _____

Contacto de emergencia (nombre): _____ Tel. de emergencia: _____

Relación del contacto de emergencia con el estudiante: _____

Seguro médico (compañía): _____ N° de póliza: _____

Médico (nombre): _____ Tel. del médico: _____

Grupo sanguíneo: _____ alergias conocidas: _____

Medicamentos: _____

Información médica adicional: _____

Autorizo el suministro de tratamiento de emergencia, si no se pueden poner en contacto conmigo, en un caso de emergencia.

Firma del padre o tutor: _____

Nombre (letra de imprenta): _____ fecha: _____

Una vez que regresemos de la excursión, se llevará al departamento de policía de Alief (Alief Police Department) a todo estudiante que no sea recogido dentro de los 45 minutos siguientes a nuestra llegada a la escuela. El teléfono de la policía de Alief ISD es 281-498-8110 (extensión 5570).



Minor Photo/Video Release Waiver

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I acknowledge that I am eighteen (18) years of age or older. On behalf of my minor child, I hereby grant to Society of Women Engineers (SWE), and others working for SWE or on their behalf, and each of its respective licensees, successors and assigns (each a "Release"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my child's name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by SWE, for any purpose including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.

2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my child's name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on SWE to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releases from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by SWE.

Minor's name (Please print)

Parent or legal guardian signature

Date



Society of Women Engineers (SWE) Permission Form for Minors

This form is designed to obtain formal permission for all minors participating in the SWENext program as related to the following: communication with SWE members and staff and outreach events and programming, and any activities for SWENext. A parent/guardian will need to fill out this waiver for all volunteers and participants under the age of 18. Upon submission, this waiver will serve as an agreement to the terms listed herewith.

1. Student Information

Student Name: _____

2. Parent/Guardian Contact Information

A parent/legal guardian **MUST** complete this section if the student is under the age of 18.

Please Provide Parent/Guardian Name:

Please Provide Parent/Guardian's Email Address:

3. Legal Agreement

As their parent or legal guardian, I hereby give permission for my child to attend and participate in the Society of Women Engineer's (SWE) outreach event or activity. I acknowledge that activities may include working with materials and equipment. I understand and assume all possible risks involved. I hereby release SWE and others working for SWE or on its behalf from responsibility and liability for any illness or injury that my child may sustain during this event. Permission is also given for my child to ride in any vehicle designated by the adult leader of this event. In the event of an emergency, I hereby authorize a designated adult leader of this event as agent for me, to consent to any medical or dental examination or diagnosis, treatment, or hospital care advised and supervised by a physician, surgeon, dentist (as appropriate). I understand that physical exertion may be required, and my child has no known disabilities or health problems which will present any risk to his/her participation in the activities.

Parent or Legal Guardian Signature

Date

By typing in your legal name, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form. By typing in your legal name you consent to be legally bound by this form's terms and conditions.