

New Waverly ISD
355 Front Street
New Waverly TX 77358-3527
(936)344-2900

“Home of the Bulldogs”

Transportation Permission Form

Grade: _____

This is to certify that _____ has my permission
(Student's Name)

to travel with designated persons to _____.
(Destination)

for _____ on _____.
(Event) (Date)

I authorize medical treatment for any illness or injury which would require emergency treatment if I am not able to be personally contacted at the time and I assume responsibility for the treatment.

It is understood that all trips will be well planned and every precaution taken by the person(s) in charge to prevent any accident. It is understood that neither those in charge nor the school district will be held liable for damage caused by my child or any accident or injury sustained by said child while on this trip.

In case of emergency and parents are not available, please contact:

Name

Address

Phone Number

Parent/Guardian Signature

Address

Phone Number

Name of Doctor

Insurance Co. and Policy Number

Dedicated to empowering students for success!