

RAINS INDEPENDENT SCHOOL DISTRICT  
P.O. Box 247  
Emory, Texas 75440

SCHOOL SPONSORED ACTIVITY  
RELEASE FORM

I hereby grant permission for my child \_\_\_\_\_  
Name of Child

to participate in and attend the school sponsored activity detailed below.

**DESTINATION:**

**DATE OF ACTIVITY:**

**TIME LEAVING:**

**TIME RETURNING:**

**NAMES OF SPONSORS:**

I understand that when there is a school sponsored trip, my child will be accompanied by and will be under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damage caused by my child or any accident or injury sustained by said child.

I hereby authorized Rains Independent School District to seek emergency medical attention for my child in the event the parent or guardian cannot be reached.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy and/or Group Number

\_\_\_\_\_  
Name of Doctor/Telephone