

**Katy Adventist Christian School**  
1913 East Avenue • Katy, Texas 77493



**TEL: (281) 392-5603 • FAX: (832) 437-6367**  
**EMAIL: [katyadventistchristianschool@gmail.com](mailto:katyadventistchristianschool@gmail.com)**

## Annual Field Trip Release/Emergency Medical Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**School Year**

This form will be on file at the school office for the current year. An additional Permission Slip will be sent home prior to each off-campus trip.

I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific trip by written notice.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we, the parent/guardian, understand that there are risks involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Katy Adventist Christian School (KACS), its affiliate organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child(s) participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent or guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature _____ Date _____	Mother/Guardian's Signature _____ Date _____
Name printed: _____	Name printed: _____

If the child lives with both parents, the release must be signed by both parents/guardians.

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Health Insurance Carrier: _____	Policy#: _____
Under the name of: _____	Relationship: _____

Allergies (including reactions to medication): \_\_\_\_\_  
Medication being taken: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_ Father's pager: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_ Mother's pager: \_\_\_\_\_

In case of emergency, who is the nearest relative or neighbor we should contact if we are unable to reach you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



**Adventist Education**

**Katy Adventist Christian School**

**Personal Vehicle Usage and Driver Form**

**Name:** \_\_\_\_\_

Please take a few moments to read and check the following items, signing at the bottom. We will also need a copy of your insurance card and driver's license. Thank you for being willing to drive for our school!

- I understand my personal auto insurance is primary. My insurance is responsible for any damage done by the vehicle or to the vehicle.
- I am at least 21 years old.
- I have a minimum of \$100,000/person and \$300,000/occurrence limits of liability.
- I have no at-fault accidents or moving violations in the last 3 years.
- My vehicle is in good working order.
- I will not overload my vehicle.
- All occupants will be required to wear seatbelts correctly.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Insurance Card

Driver's License Front

Driver's License Back

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## **Driver and Chaperone Instructions**

Thank you for offering to help us as a driver/chaperone! Our school greatly depends on the involvement of our parents for transportation and chaperoning of field trips and other off-site events. We appreciate your taking the time to support KACS and its activities. For everyone's safety and enjoyment, we ask our drivers and chaperones to observe the following guidelines:

### **General Instructions**

- X If you own or have access to a cellular phone please bring it with you on the trip for safety reasons. In case of illness, or an emergency please notify the school immediately. Call: (281) 392-5603.
- X It is important for volunteers to realize that they are acting as Christian role models for our students. Please be an example by demonstrating maturity in actions, attitudes and dress. A classroom teacher will be in charge of each field trip and will direct the volunteers as to what is expected of them.
- X Chaperones are responsible for the behavior of those students assigned to them. In private vehicles the driver is responsible for children's behavior. If you are experiencing difficulties please report the problem immediately to the teacher or other supervising adult. Do not allow rowdiness, disrespect, inappropriate conversation or conduct, etc. Do not allow potentially dangerous behavior on the trip.
- X Chaperones should make it a special point to remain with the students for whom they are responsible. They should keep the students who rode with them close to them. They should resist the temptation to group with other adults while allowing the students to do their own thing.
- X Chaperones enjoy the students! However if you have any problems with any student take him/her to the teacher.
- X Know exactly how many students are in your small group and count, count, count all day! Keep a roll if necessary. Be sure that all are present before moving from one place to another (especially when heading home).
- X Students are to return with the same person and vehicle that transported them for this event. Exceptions to this can be made only by the teacher.
- X Drivers and chaperones should refrain from purchasing special treats for the children they are supervising unless all the children in the class benefit equally.
- X If you have questions about any aspect of the field trip expectations of drivers/chaperones or expectations for student behavior please ask for assistance from the teacher or other person in charge.

**Thank you for being a chaperone or driver. We truly appreciate your help!**



## Additional Instructions for Driver Chaperones

- X Do Not Text and Drive
- X Please allow the teacher to make vehicle assignments for students. If you have a suggestion or preference please let the teacher know a day ahead of time so this can be taken into consideration. Teachers sometimes have special reasons that they may not be free to explain for assigning specific seating arrangements. You will be provided with a list of the names of the children being transported in your vehicle.
- X Please arrive at school at least ten to fifteen minutes before departure time. Schedules are sometimes tight.
- X Seat belts must be worn at all times. Note that only one child is permitted per working shoulder seat belt.
- X Please be sure that you understand the route to be taken. A map and/or directions will be provided by the teacher. Please stick to the assigned route to and from the field trip. Please do not take a better way or stop for snacks unless this is part of the teacher's plan.
- X It is expected that you will obey all traffic laws including maintaining acceptable speed limits.
- X When traveling, cars will caravan together. At no time should cars pass the lead car or take side trips away from the caravan. Nor should you take chances to keep up with the caravan such as entering an intersection when the light is already yellow. If there are more than three vehicles in the caravan a buddy system will be used whereby two or three vehicles will caravan together thus eliminating a long line of vehicles which can become a safety issue.
- X Please call the school right away if you experience car trouble or become lost. If someone has been hurt or is ill and the teacher is not readily available for consultation please call the school for instructions.
- X Children must enter and leave the vehicle from the curbside unless the vehicle is in a protected parking area or driveway.
- X Children must not be left unattended in a vehicle.
- X Students should not eat or drink in your car without your permission. They have been instructed to use quiet voices when talking and to keep their hands/feet to themselves. If any student does not cooperate please inform the teach