

FWAFA FIELD TRIP & TRAVEL FORM

Revised July, 2024

Student Name _____ Grade _____ Date _____

A. Authorization to Consent to Medical Treatment

In the event my child becomes ill or injured at school related events and I cannot be reached, Fort Worth Academy of Fine Arts is authorized to take one or more of the following actions: a) release my child to either of the people listed below; b) take my child to the physician chosen by school staff or designee; or c) take my child to a local hospital and give consent for emergency care.

Local emergency telephone numbers if parents cannot be reached:

Name _____ Telephone (____) _____ Relationship _____

Name _____ Telephone (____) _____ Relationship _____

Doctor's Name _____ Office Phone (____) _____

Preferred Hospital _____ Telephone (____) _____

Student is covered by Insurance Company _____

Name of Insured _____ Insured's Employer _____

Member ID Number _____ Group Number _____

Does your student have rescue medications (epi pen, inhaler, etc.) on file at FWAFA? Y N

Fort Worth Academy of Fine Arts and Texas Center for the Arts + Academics are not financially responsible for emergency care or transportation.

B. Release and Authorization to Participate in Physical Education and Approved Travel

I give my consent for my child to participate in TCA+A approved/supervised activities as listed on the Medical Certificate such as swimming, dance, etc., extra-curricular activities, and approved travel with transportation being provided by the staff, paid carriers, other representatives of the school, or any parent. I understand that by participating in physical education, sports, and extra-curricular activities at TCA+A my child will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death. I understand that some sports/activities have a higher risk factor than others. I understand that TCA+A does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I HEREBY WAIVE ALL CLAIMS, AND I RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS TCA+A, its Board of Directors, Officers, President & CEO, Directors, Administrators, faculty, staff, employees, agents, and invitees together with all persons, including parents of students of TCA+A assisting with any phase of such activities and trips (excluding paid certified carriers), from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips, including any accident or injury suffered by my child while involved in such activities and trips.

Parent Name _____ Parent Signature _____ Date _____

NOTARIZATION REQUIRED

Subscribed and sworn before me, on this _____ day of _____, 202____.

Notary Name _____ Notary Signature _____ Date _____

Notary Seal