

UIL Student Travel Permission Form

Student Name: _____ ID# _____

Address: _____ Phone: _____

Parent's Name: _____ Work Phone: _____

Sponsor's Name: _____

I will allow my child to travel and participate in UIL academic competition for the 2019-2020 school year. I understand that my child will be traveling in a school vehicle. My child will follow all the rules set forth by Del Rio High School UIL Academics program and SFDRCSISD Student Code of Conduct.

If my child cannot attend a meet for **ANY** reason, I am aware that he/she must notify the coach or Ms. Arons at least five days ahead of time, or they will not be allowed to participate in the next competition.

If my child misbehaves on a trip, I understand that they can be dismissed from the rest of the school sponsored trips for the school year. I will be contacted immediately and depending on the incident may have to pick up my child from the meet.

I agree that I will not hold the sponsors or school responsible for any accidents or misfortune which might occur during these trips. This form is also an authorization for your child to be treated and/or hospitalized by a physician in case of an accident or an illness. If your child has any special medical needs or is allergic to any medications or treatments please list them below.

Special Needs for illness or allergies:

If parents are not available contact: _____ at _____

Child's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____