

Plano ISD
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STUDENT ACTIVITIES
TRAVEL
FMG(EXHIBIT)

The forms on the following pages will be used by the District for student travel:

[Exhibit A](#): Permission for Student to Participate in School-Sponsored Trips (English version)—1 page

[Exhibit B](#): Permission for Student to Participate in School-Sponsored Trips (Spanish version)—1 page

[Exhibit C](#): Permission for Members of Student Groups to Participate in School-Sponsored Trips (English version)—1 page

[Exhibit D](#): Permission for Members of Student Groups to Participate in School-Sponsored Trips (Spanish version)—1 page

[Exhibit E](#): Release of Liability for Student Participation in School-Sponsored Trips Via Alternative Transportation (English version)—2 pages

[Exhibit F](#): Release of Liability for Student Participation in School-Sponsored Trips Via Alternative Transportation (Spanish version)—2 pages

[Exhibit G](#): Overnight Trip Information Sheet (English version)—3 pages

[Exhibit H](#): Release of Liability of Chaperone Participation in School-Sponsored Trips (English version)—1 page

[Exhibit I](#): Release of Liability of Chaperone Participation in School-Sponsored Trips (Spanish version)—1 page

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EXHIBIT A
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT
PERMISSION FOR STUDENT TO PARTICIPATE IN SCHOOL-SPONSORED TRIPS

Name of event: _____

Date(s) of event—Departure: _____ Return: _____

Destination: _____

I desire that my son/daughter be allowed to travel to and from the event listed above and to participate in this event.

Printed name of parent or guardian: _____

Signature of parent or legal guardian: _____

Date: _____

Printed name of student: _____

Signature of student: _____
(if 18 or more years of age)

Date: _____

Note: Student medical/emergency information card must be on file in the school office.

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EXHIBIT B
(Spanish version)

DISTRITO ESCOLAR INDEPENDIENTE DE PLANO
PERMISO PARA PARTICIPACIÓN DE ESTUDIANTES EN VIAJES PATROCINADOS
POR LA ESCUELA

Nombre del evento: _____

Fecha(s) del evento—Salida: _____ Regreso: _____

Destino: _____

Yo deseo que a mi hijo/hija se le permita hacer el viaje de ida y vuelta a los eventos enumerados arriba,
y participar en dicho evento.

Nombre [en letra de molde]: _____
del padre o guardián

Firma del padre o guardián legal: _____

Fecha: _____

Nombre [en letra de molde]: _____
del estudiante

Firma del estudiante: _____
(si tiene 18 o más años de edad)

Fecha: _____

Nota: La tarjeta de emergencia médica debe estar archivada en la oficina de la escuela.

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EXHIBIT C
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT
PERMISSION FOR MEMBERS OF STUDENT GROUPS
TO PARTICIPATE IN SCHOOL-SPONSORED TRIPS

Name of group: _____

School year of group activities: _____

I desire that my son/daughter be allowed to travel to and from the events attended by the group listed above during this school year and to participate in these events.

Printed name of parent or guardian: _____

Signature of parent or legal guardian: _____

Date: _____

Printed name of student: _____

Signature of student: _____
(if 18 or more years of age)

Date: _____

Note: Student medical/emergency information card must be on file in the school office.

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EXHIBIT D
(Spanish version)

DISTRITO ESCOLAR INDEPENDIENTE DE PLANO
PERMISO PARA LOS MIEMBROS DE GRUPOS QUE PARTICIPAN
EN VIAJES PATROCINADOS POR LA ESCUELA

Nombre del grupo: _____

Año escolar en que ocurren las actividades del grupo: _____

Yo deseo que a mi hijo/hija se le permita hacer el viaje de ida y vuelta a los eventos enumerados por el grupo durante este curso escolar, y también participar en dicho evento.

Nombre [en letra de molde]: _____
del padre o guardian

Firma del padre o guardián legal: _____

Fecha: _____

Nombre [en letra de molde]: _____
del estudiante

Firma del estudiante: _____
(si tiene 18 o más años de edad)

Fecha: _____

Nota: La tarjeta de emergencia médica debe estar archivada en la oficina de la escuela.

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EXHIBIT E
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT
RELEASE OF LIABILITY FOR STUDENT PARTICIPATION
IN SCHOOL-SPONSORED TRIPS VIA ALTERNATIVE TRANSPORTATION

Name of activity: _____

Grade level/group attending: _____

Date(s) of event—Departure: _____ Return: _____

Destination: _____ City: _____

TRAVEL RELEASE

I desire that my student be allowed to participate in the activities and travel to and from the activities of the group listed above. Although school transportation is provided to and from the activities, I desire that my student participate in and travel to and/or from the activities via an alternative mode of transportation. This alternative mode is with my student's parent or legal guardian, by use of his or her personal legal driver's license, or through other means of travel which I have arranged and approved. Students are not permitted to ride with other students driving unless they are siblings. While Plano ISD recommends that students stay with the group whose functions they are attending, Plano ISD will attempt to accommodate parents' requests in specific circumstances.

I fully understand and my student fully understands that transportation to and from the events attended by the group listed could create risk to the health or safety of my student. I understand that if my student leaves the group, Plano ISD will have no ability and no responsibility to protect my student. I further recognize that my student may be at risk when travelling unaccompanied by Plano ISD-affiliated person(s), but I have independently evaluated my student's ability to travel outside of the group and determined that my student is capable of making sound decisions and being responsible for the safety of their person and their belongings. I understand that Plano ISD does not recommend that a student leave the company of the group and I am opting to have my student leave the group anyway.

Accordingly, I, the undersigned, assume full and complete responsibility for any injury or accident or loss to person or property that may occur to my student while traveling to or from the activities in transportation not provided by the District. In consideration of Plano Independent School District allowing my child to participate in the activities of the above referenced group and other good and valuable consideration, the receipt of which is acknowledged, **I release and waive all claims, including, but not limited to, those for personal injury, wrongful death, loss of property, or any other claim, that I or my student may have against the Plano ISD, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my student traveling to and from the events attended by the group listed above while traveling in transportation not provided by the District, including, but not limited to, claims of negligence, whether sole,**

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joint, contributory or otherwise, against the District or claims against the District arising under the Texas Torts Claims Liability Act. The release and waiver will be binding on my heirs, legatees, administrators, and assigns.

Printed name of parent or guardian: _____

Signature of parent or legal guardian: _____ Date: _____

Printed name of student: _____

Signature of student: _____ Date: _____

Printed name of sponsor/coach: _____

Sponsor/Coach signature: _____

Printed name of administrator: _____

Administrator signature: _____

Date approved: _____

Note: Student medical/emergency information card must be on file in the school office.

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EXHIBIT F
(Spanish version)

DISTRITO ESCOLAR INDEPENDIENTE DE PLANO
EXONERACIÓN DE RESPONSABILIDAD DE LA PARTICIPACIÓN ESTUDIANTIL EN
PASEOS ESCOLARES POR TRANSPORTE ALTERNATIVA

Nombre de la actividad: _____

Nivel de grado/grupo que asiste: _____

Fecha(s) de la(s) actividad(es)—Salida: _____ Regreso: _____

Destino: _____ Ciudad:: _____

EXONERACIÓN PARA VIAJES

Deseo que se permita a mi alumno participar en las actividades y viajar de ida y vuelta a las actividades del grupo en referencia. Aunque sí se provee transporte escolar de ida y vuelta a las actividades, deseo que mi alumno participe en, y viaje de ida y vuelta a las actividades por un modo de transporte alternativo. Este modo alternativo es con el padre o tutor legal de mi alumno, en uso de su propia licencia de conducir personal o por algún otro medio de transporte que yo haya arreglado y aprobado. No se permite a los alumnos viajar con un conductor que también es alumno, a menos que sean hermanos. Aunque el Distrito Escolar Independiente (ISD) de Plano recomienda que los alumnos permanezcan con el grupo a cuya función hayan ido, bajo circunstancias especiales el ISD de Plano intentará facilitar la solicitud de los padres de familia.

Entiendo plenamente, y mi alumno entiende plenamente, que el transporte de ida y vuelta a los eventos asistidos por el grupo indicado podría crear un riesgo para la salud o seguridad de mi alumno. Comprendo que si mi alumno deja el grupo, el ISD de Plano no tendrá ni la capacidad ni la responsabilidad de proteger a mi alumno. Reconozco, además, que mi hijo podría correr algún riesgo al viajar sin la presencia de una(s) persona(s) afiliada del ISD de Plano, pero he asesorado independientemente la capacidad de mi alumno de viajar sin estar en el grupo y he determinado que es capaz para tomar buenas decisiones y responsabilizarse de la seguridad de su persona y sus pertenencias. Entiendo que el ISD de Plano no recomienda que un alumno deje la compañía del grupo, y aun así opto por que mi hijo deje el grupo.

Por lo tanto, yo, el suscrito, acepto cualquier y toda responsabilidad por cualquier lesión o accidente o pérdida a la persona o propiedad que podría sufrir mi alumno durante el viaje de ida o vuelta a las actividades, en transporte suministrado por el Distrito. En consideración de que el Distrito Escolar Independiente de Plano permita a mi alumno participar en las actividades del grupo en referencia y a título oneroso, del cual se acusa recibo, **exonero al el ISD de Plano, su Mesa Directiva, empleados, agente o representantes y renuncio cualquier reclamo que pudiera tener contra los mismos, por cualquier lesión personal, muerte culposa, pérdida de bienes o propiedad, o de cualquier otra naturaleza, al que yo o mi alumno pudiéramos tener derecho, que resulte total o parcialmente de que mi alumno viaje de ida y vuelta a los eventos asistidos por el grupo indicado anteriormente, en transporte no proporcionado por el Distrito, incluyendo de manera explicativa más no limitativa, reclamos por negligencia, sea exclusiva, común, coadyuvante o de otra naturaleza, contra el Distrito o**

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reclamos contra el Distrito fundamentados en la Ley de Texas de Reclamos de Responsabilidad Extracontractual (Texas Torts Claims Liability Act). La exoneración y renuncia será obligatorio para mis herederos, legatarios, administradores y cesionarios.

Nombre del padre de familia/tutor en letra de molde: _____

Firma del padre de familia o tutor legal: _____ Fecha: _____

Nombre del alumno en letra de molde: _____

Firma de alumno: _____ Fecha: _____

Nombre del patrocinador/entrenador en letra de molde: _____

Firma del patrocinador/entrenador: _____ Fecha: _____

Nombre del administrador en letra de molde: _____

Firma del administrador: _____ Fecha: _____

Fecha de aprobación: _____

Nota: La oficina escolar deberá contar con la Tarjeta de datos médicos/de emergencia del alumno.

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EXHIBIT G
(English version)

OVERNIGHT TRIP INFORMATION SHEET

Note: Refer to policy FMG(LOCAL) and FMG(EXHIBIT).

General Information

School: _____

Organization: _____

Sponsor: _____

Date and time of departure from PISD: _____

Date and time of return to PISD: _____

Trip destination: _____

Number of school days to be missed: _____ (*Detailed itinerary must be attached.*)

Number of students participating: _____ Number of parent chaperones: _____

Number of school sponsors: _____

Mode of transportation (*Check all that apply*):

- School-owned
- Commercial/Chartered
- Bus
- Van
- Air
- Other: _____

Are trip arrangements being made exclusively through the District-approved vendor?

- Yes
- No

If no, list companies making trip arrangements: _____

_____ Certificate of Insurance, valid through date of travel, must be attached.

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Cost

Was this trip included in the District's budget?

- Yes
- No

If so, a District-approved vendor **must** be used.

Item	Total Cost
Ground transportation	
Airfare	
Hotel	
Meals	
Entry fees	
Other (specify)	
Trip total:	
Number of Students	
Total/Student – Per Student Cost	

Are there any out-of-pocket expenses for students?

- Yes
- No

If so, please itemize below:

If the trip was not included in the District's budget, explain in detail how and by whom funds will be raised. **Note:** *All trips must receive approval in advance of fundraising activities.*

Trip Justification

Purpose of this trip: _____

How does this trip reinforce the curriculum of your course?

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Please describe the organization sponsoring this event.

How was this organization selected to participate?

- Open enrollment
- By invitation
- By audition
- Other (*Explain*):

Please list the qualifications of the adjudication panel, if applicable.

Does this trip meet all guidelines with regard to costs and frequency?

- Yes
- No

If not, indicate why:

Clearances

Risk Management certifies that the attached Certificates of Insurance:

- ___ **meet** all applicable guidelines;
- ___ **DO NOT meet** all applicable guidelines.

Risk Management representative: _____

Title: _____ Date: _____

Curriculum department certifies that this trip:

- ___ **meet** all applicable guidelines;
- ___ **DO NOT meet** all applicable guidelines.

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Curriculum department representative: _____

Title: _____ Date: _____

Approvals

Approved

Disapproved

Date: _____

Principal's signature: _____

Approved

Disapproved

Date: _____

Executive director for campus services' signature: _____

Approved

Disapproved

Date: _____

Superintendent or designee's signature: _____

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EXHIBIT H
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT
RELEASE OF LIABILITY FOR CHAPERONE PARTICIPATION
IN SCHOOL-SPONSORED TRIPS

Name of activity: _____

Grade level/group attending: _____

Date(s) of activities—Departure: _____ Return: _____

Destination: _____ City: _____

TRAVEL RELEASE

I desire that I be allowed to participate in the activities as a chaperone and travel with the group to and from the activities listed above.

I fully understand that transportation to and from the events attended by the group listed could create risk to my health or safety. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me while traveling to or from the activities in transportation provided or not provided by the District. In consideration of Plano Independent School District allowing me to participate in the activities of the above-referenced group and other good and valuable consideration, the receipt of which is acknowledged, **I release and waive all claims that I may have against the District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my travel to and from, and attendance at and/or participation in, the events attended by the group listed above, whether traveling in transportation provided or not provided by the District, including, but not limited to, claims of negligence, whether sole, joint, contributory, or otherwise, against the District or claims against the District permitted under the Texas Tort Claims Liability Act.** The release and waiver will be binding on my heirs, legatees, administrators, and assigns.

Printed name of chaperone: _____

Signature of chaperone: _____ Date: _____

Sponsor/Coach signature: _____

Date approved: _____

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EXHIBIT I
(Spanish version)

DISTRITO ESCOLAR INDEPENDIENTE DE PLANO
LIBERACIÓN DE RESPONSABILIDAD PARA LA PARTICIPACIÓN
DE UN ACOMPAÑANTE EN PASEOS ESCOLARES

Nombre de la actividad: _____

Nivel de grado/grupo que asiste: _____

Fecha(s) de la(s) actividad(es)—Salida: _____ Regreso: _____

Destino: _____ Ciudad: _____

LIBERACIÓN PARA VIAJES

Deseo que se me permita participar en las actividades como acompañante, viajando de ida y vuelta con el grupo a las actividades indicadas arriba.

Entiendo por completo que el transporte de ida y vuelta a los eventos asistidos por el grupo podrían presentar algún riesgo para mi salud y seguridad. Yo, el/la suscrito/a, acepto plena responsabilidad por cualquier lesión o accidente que podría sufrir durante el viaje de ida o vuelta a las actividades en el transporte suministrado o no suministrado por el Distrito. En consideración del permiso que me da el Distrito Escolar Independiente de Plano de participar en las actividades del grupo antemencionado y cualquier otra contraprestación válida y onerosa, de la cual acuso recibo, **exonero y renuncio cualquier reclamación que podría tener contra el Distrito, su Mesa Directiva, sus empleados, agentes, y representantes como resultado total o parcial de viajar de ida y vuelta a, asistencia en y/o participación en, los eventos asistidos por el grupo indicado anteriormente, en transporte suministrado por el Distrito o no, incluyendo a título explicativo más no limitativo, reclamos de negligencia, sea exclusiva, común, coadyuvante o de otra naturaleza, contra el Distrito o reclamos contra el Distrito permitidos según la Ley de Texas de Reclamos de Responsabilidad Extracontractual (Texas Torts Claims Liability Act).** La exoneración y renuncia será obligatorio para mis herederos, legatarios, administradores y cesionarios.

Nombre del acompañante en letra de molde: _____

Firma del acompañante: _____ Fecha: _____

Firma del patrocinador/entrenador: _____

Fecha de aprobación: _____