



HOUSTON INDEPENDENT SCHOOL DISTRICT PARENT APPROVAL FORM Field Trip Permission Slip

*Return to Mr. Hall
by Friday 1-25-19*

West Briar Middle School
School

1/7/19
Date

Dear Parent(s)/Guardian:

A field trip to The Houston Symphony has been scheduled by your child's
(Destination)

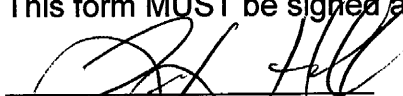
teacher and principal for Thursday, January 30, 2019.
(Day) (Date)

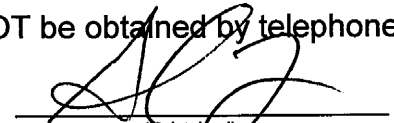
The trip will be made by school bus, private carrier company, or by private passenger vehicle leaving the school at 9:30 a.m. and returning at 2:00 p.m.
(departure time) (return time)

A teacher-sponsor will accompany this group and will work with the students to accomplish the educational objectives of this trip. If you wish for your child to participate in this important field trip, it is required that you complete and sign the bottom of this form and return the entire form to the teacher-sponsor the following school day. Please make note of the details for your records.

The cost of this trip is \$ 0. If you are unable to pay this fee, you may request a waiver. For lunch your child will need: sack lunch to eat on the bus on the way back.

This form MUST be signed and returned. Parent approval may NOT be obtained by telephone.


(Teacher)


(Principal)

This is to certify that _____ has my permission to go on the above listed
(Name of son/daughter)

field trip with this group. I am requesting a fee waiver for the cost of this activity Yes No.

In case of emergency, I may be reached at: _____
(Home/Work telephone) (Cellular Telephone)

(Parent/Guardian Signature)

(Date)

Return to Mr. Hall by Friday 1-25-19
**HOUSTON INDEPENDENT SCHOOL DISTRICT
 MEDICAL RELEASE FORM**

West Briar Middle School
 School Name

Name: _____

Address: _____

Please include area code

Home Phone No.: _____ Alternative Phone No.: _____

Parent's Cellular No.: _____ Parent's Cellular No.: _____

Parent's Work No.: _____ Parent's Work No.: _____

I _____ release my daughter/son guardianship rights for the following date(s) January 30, 2019

District employees can only administer medication that has been prescribed by a doctor. District policy requires:

- Written physician and parent consent on file for each medication to be given
- All prescribed medication must be in the original container in which the prescription label is affixed.
- Students with asthma, life-threatening food allergies and diabetes may self-carry emergency medications with required consents
- All other prescribed medications must be administered by an authorized district employee.
- If school personnel already administer medication in accordance with this policy, then no further action is required.

A physician and parent consent has been provided for the following prescribed medications:

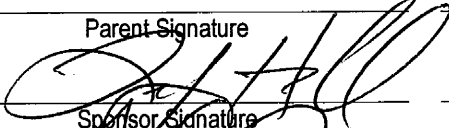

1. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)
2. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)
3. _____ (name of medication)	Dosage _____ (amount given)	Taken at _____ (time)

My daughter/son has her/his hospital or medical card: _____ yes _____ no

In case of an Emergency please call _____ at _____
 (If parent cannot be reached) (Include area code)

In order to ensure a safe and enjoyable trip, please list any health conditions that your child may have.

My signature below gives you permission to take my daughter/son to a hospital or medical facility, gives my permission for my child to receive medical treatment and gives my permission for the above medication to be administered to my child.

Parent Printed Name	Parent Signature	Date
Leif Hall		1/7/19
Sponsor Printed Name	Sponsor Signature	Date
Gabriel Lopez		1-10-19
Principal Printed Name	Principal Signature	Date