HOUSTON INDEPENDENT SCHOOL DISTRICT
PARENT APPROVAL FORM
Field Trip Permission Slip

Energy Institute High — School

04/20/16 — Date

Dear Parent(s)/Guardian:

A field trip to Summer Bridge Camp (Destination) (Forest Glen Rd, Huntsville, TX 77340) has been scheduled by your

Child's teacher for Thursday thru Saturday 08/11-8/13 (Day) (Date).

The trip will be made by school bus, private carrier company, or by private passenger vehicle leaving the school at 8:00 am (departure time) and returning at 5:00 pm (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.

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

(Teacher)

(Principal)

This is to certify that _____ (Name of son/daughter) has my permission to go on the above listed 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 this entire form to the school
FSC 09/2012

DISTRITO ESCOLAR INDEPENDIENTE DE HOUSTON
FORMULARIO DE AUTORIZACIÓN DE LOS PADRES
Permiso para una excursión

Energy Institute High School (School/ Escuela)

04/20/2016 (Date/ Fecha)

Estimado padre o tutor:

Una excursión a Summer Bridge Camp (Forest Glen Rd, Huntsville, TX 77340) (destination) fue programada por el maestro/a para el Jueves a Sábado 08/11-08/13. (Day) (Date)

Se transportará a los estudiantes a la excursión en autobús, por compañía privada de transporte o vehículo privado; saldrá de la escuela a la(s) 8:00 am (departure time) y regresará a la(s) 5:00 pm (return time).

Un maestro/a acompañará al grupo para ayudar a los alumnos a satisfacer los objetivos educativos de la excursión. Si desea que su hijo/a participe en esta excursión importante, deberá firmar la porción inferior de este formulario y devolverlo al maestro/a, el día siguiente.

El costo de esta actividad es $ 0.

DEBE firmar y devolver este formulario. NO puede dar su autorización por teléfono.

(Teacher) (Principal)

Certifico que _____ (nombre de su hijo/a) tiene mi autorización para participar en esta excursión con este grupo de la escuela. Solicito una exención financiera de la cuota. ☐Sí ☐No

En caso de emergencia, llame al _____ (teléfono de casa o trabajo) _____ (teléfono celular).

_____ (firma de padre o tutor) _____ (fecha)

Regrese el formulario completo a la escuela
FSC 9/2012

HOUSTON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM

Energy Institute High
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) 08/11 thru 8/13 .

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 _____ (if parent cannot be reached) at _____ (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 administrated to my child.

Parent Printed Name	Parent Signature	Date
René Flores	René Flores	4-20-16
Sponsor Printed Name	Sponsor Signature	Date
Lori Lambropoulos	Lori Lambropoulos	4/20/16
Principal Printed Name	Principal Signature	Date

Forest Glen Outdoor Learning Center
MEDICAL AND LIABILITY RELEASE FORM

In consideration for being accepted for participation at the **Outdoor Learning Center**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child do hereby release, forever discharge and agree to hold harmless Forest Glen, Inc. and the directors/officers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said sponsoring group to furnish any necessary transportation, food, and lodging for this child. .

The undersigned further hereby agree to hold harmless and indemnify said organizations, directors, employees and agents, for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child and hereby grant our (my) permission for him/her to participate fully in said trip or activity, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize dental and medical treatment, including, but not in limitation to, emergency surgery, medical treatment or hospitalization, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the child to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume responsibility for all transportation costs.

****

Print name of child ~ Male ~ Female

Date of birth Grade

School

Hospital insurance ~ Yes ~ No

Insurance company name (if Medicaid, - write here)

Policy number / Medicaid number

Physician's name and phone number

Father's signature Date

Mother's signature Date

Legal Guardian's signature Date

Parent(s) telephone - home and work

Emergency phone number

Please list any allergies and/or medications your child is taking: _____

I have read the foregoing information and understand the rules of conduct and will abide by them as well as directions from the leadership of this trip.

Signature of student Date

Street Address City State Zip Code