

New

TRIP PERMISSION SLIP / MEDICAL RELEASE FORM

DATE / EVENT: _____

I, _____ (student name) pledge to abide by all district policies of the Alief Independent School District student handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to their policies will result in disciplinary action.

Student ID number	Student signature	Month/day/year of birth	Grade
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We (I), the parent(s) / Guardian(s) of _____ understand and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries and illnesses of every name, type, kind of nature, and personal property damage, if any, which may be sustained or suffered from any cause, connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

EMERGENCY MEDICAL RELEASE FORM

Name _____

Parent / Guardian _____

Address _____

Home Phone Number _____ Work Phone Number _____

Emergency Phone Number _____

Emergency Contact Person _____

Insurance Company _____

Policy Number _____

Doctor's Name and Number _____

Blood Type _____ Known Allergies _____

Medication _____

Any additional medical information _____

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

Parent / Guardian Signature	Date
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STUDENTS WILL BE TRANSPORTED TO THE POLICE DEPARTMENT IF NOT PICKED UP WITHIN 45 MINUTES OF RETURN TO CAMPUS

For Sponsor Use: CONTACT ATTEMPT:

Time and Date	Initials
_____	_____
_____	_____