

**TOMBALL INDEPENDENT SCHOOL DISTRICT
CO-CURRICULAR/EXTRACURRICULAR TRIPS**

Date April 2018

Dear Parent/Guardian:

Your child has the opportunity to participate in an event that will take him/her off campus. To be able to do this, you must complete the form below and return it to the event sponsor no later than MAY 11, 2018. It must be completed and signed before your student will be allowed to travel.

Student Name (PRINT) _____ Grade _____

Date of Birth: _____ Male/Female (circle one) Campus _____ Home Phone _____

Father/Stepfather: _____ Work # _____ Second Number _____

Mother/Stepmother: _____ Work # _____ Second Number _____

Alternate Emergency Contact: _____ Phone # _____ Relation _____

Medical Information about student:

Insurance Provider _____ Policy Number _____

Existing medical condition/s: _____

*Date of most recent
Tetanus/Td Booster:* _____

Allergies: _____

Medication/s taken routinely: _____

Special considerations: _____

My child, (Print name) _____, has my permission to participate in the
following activity: Main Event 8th Grade Field Trip Cost per Student \$15

Transportation by: Tomball ISD

Date Leaving: 5/30/18 Time Leaving: 9:30 From (Location) CPJH

Date Returning: 5/30/18 Time Returning: 2:30 To (Location) CPJH

Please be prompt in picking up your returning student.

Additional Instructions from sponsor:

Name of Sponsor _____

I, the undersigned, do hereby authorize officials of the Tomball I.S.D. to contact persons named on this sheet in the event of illness, injury and/or inappropriate behavior of my child. If I or persons named on this sheet cannot be reached, T.I.S.D. school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of said child. I realize that this form does not abrogate or modify my rights as a parent/guardian of a minor. I have voluntarily signed this form to facilitate and expedite the treatment of my child. I will not hold the Tomball I.S.D. or the school official(s) financially responsible for the emergency care and/or transportation of said child.

DATE

Signature of Parent/Guardian