



# ALDINE INDEPENDENT SCHOOL DISTRICT

14909 Aldine Westfield Road • Houston, Texas 77032-3027 • (281) 449-1011

Student's Name (please print *in black ink* in boxes below)

First

Last

Campus \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  
First and Last Names

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Contact Number #1 \_\_\_\_\_

Parent/Guardian Contact Number #2 \_\_\_\_\_

Parent/Guardian Contact Number #3 \_\_\_\_\_

Emergency contact other than living with child.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION

I give ALDINE INDEPENDENT SCHOOL DISTRICT permission for my child \_\_\_\_\_ to travel to \_\_\_\_\_. I understand that this is a school sponsored activity and that all school rules and regulations apply. I have read and understand, and agree to the student code of conduct.

The above mentioned child  may  may not swim at the hotel. (check one)

\_\_\_\_\_  
**Parent's/Guardian's Signature**

I understand that this is a school sponsored activity, and that all rules and regulations apply. I have read, understand and agree to the student code of conduct.

\_\_\_\_\_  
**Student's Signature**



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## POWER OF ATTORNEY AND AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

THAT I OR WE, \_\_\_\_\_ / \_\_\_\_\_

Resident(s) of \_\_\_\_\_ County, Texas, am (are) the parent(s), managing conservator, guardian, or other person(s) standing in parental relationship with and having legal control of the following minor child(ren): \_\_\_\_\_

THAT I (or WE) authorize \_\_\_\_\_ and/or \_\_\_\_\_ to seek and consent to reasonable and necessary medical treatment, including emergency surgery, for the above-named child(ren) whether within or without the United States of America, to remove the child(ren) during the following scheduled activity: \_\_\_\_\_

(name and location of activity)

This power of attorney shall begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and continue for the duration of the above activity, and shall expire not later than the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

It is our intent that the above named person(s) have my/our parental authority in their relationship with the above named child(ren) for the duration of the above activity.

Physical Conditions / Medical History (please include any medications the child is taking) (Please use back if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Insurance Information: Company: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### ACKNOWLEDGMENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ th day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_ County, Texas

My commission expires: \_\_\_\_\_