

**GLENDA DAWSON HIGH SCHOOL
STUDENT FIELD TRIP PERMISSION / MEDICAL RELEASE**

Event: <u>Pasadena Tournament</u>	Date(s): <u>September 7th, 2019</u>
Event: <u>Clear Falls Tournament</u>	Date(s): <u>September 20-21st, 2019</u>
Event: <u>Houston Memorial Tournament</u>	Date(s): <u>September 27-28th, 2019</u>
Event: <u>Dulles Tournament</u>	Date(s): <u>October 11-12th, 2019</u>
Event: <u>Cy-Fair/Cy-Creek Swing Tournament</u>	Date(s): <u>November 22-23rd, 2019</u>
Event: <u>U of H Cougar Classic</u>	Date(s): <u>January 10-11th, 2020</u>
Event: <u>UIL District**</u>	Date(s): <u>January 3-February 8th, 2020</u>
Event: <u>TFA State**</u>	Date(s): <u>March 5-7th, 2020</u>
Event: <u>UIL State**</u>	Date(s): <u>March 20-21st, 2020</u>

** = Must qualify for.

I, _____, (student name) pledge to abide by all district policies of the Pearland Independent School District and the Glenda Dawson High School 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 these policies will result in disciplinary action.

Student Signature

We (I), the parent(s)/guardian 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 or 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 that 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 #: _____ Work/Cell Phone #: _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

Insurance Company: _____

Policy #: _____ Group #: _____

Doctor Name: _____ Phone #: _____

Medication: _____

Allergies: _____

Additional Information: _____

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

Parent/ Guardian Signature