HOUSTON INDEPENDENT SCHOOL DISTRICT
PARENT APPROVAL FORM
Field Trip Permission Slip

Meyerland PVA

4/14/22

School
Date

Dear Parent(s)/Guardian:

A field trip to IT'S Z Pizza has been scheduled by your child's
teacher and principal for Friday June 3rd, 2022
(Destination) (Day) (Date)

The trip will be made by school bus, private carrier company, or by private passenger vehicle
leaving the school at 9:00 a.m. and returning at 1:30 p.m
(departure time) (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 $25.00. If you are unable to pay this fee, you may request a
waiver. For lunch your child will need: lunch provided

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

Teacher

Principal

This is to certify that ____________________ has my permission to go on the above listed
(Name of son/daughter) 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
HOUSTON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM

Name: ____________________________ School 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) ________________ .

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. ____________________________ Dosage ____________________________ Taken at ____________________________
   (name of medication) (amount given) (time)

2. ____________________________ Dosage ____________________________ Taken at ____________________________
   (name of medication) (amount given) (time)

3. ____________________________ Dosage ____________________________ Taken at ____________________________
   (name of medication) (amount given) (time)

My daughter/son has her/his hospital or medical card: ____________________________ yes ____________________________ no

In case of an Emergency please call ____________________________ at ____________________________
(If parent cannot be reached) (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 administered to my child.

______________________________ ____________________________ ______________
Parent Printed Name Parent Signature Date

______________________________ ____________________________ ______________
Sponsor Printed Name Sponsor Signature Date

______________________________ ____________________________ ______________
Principal Printed Name Principal Signature Date
MPVA Field Trip Policies

6th Grade

2021-2022

My signature on this page indicates that I understand and agree to the following policies:

1. Anyone who has been SUSPENDED and/or assigned ISS beginning the first day of the 5th Grading Cycle will not be permitted to attend and will not receive a refund.

2. Anyone who has 5 or more after school detentions (this includes lunch detention and after school) beginning the first day of the 5th Grading Cycle will not be permitted to attend and will not receive a refund.

3. Anyone who has earned a “P” in conduct on report card, will not be allowed to attend.

4. Anyone who has ANY (LIBRARY, TEMPORARY I.D., MAGNET, INSTRUMENTS, ETC.) fines CANNOT attend.

5. All students MUST wear their school I.D. on the day of the field trip.

6. All students MUST be in Meyerland PVA dress code (solid purple or solid grey shirt). You may also purchase an MPVA shirt at http://mpva.membershiptoolkit.com/

7. Students are responsible for all personal items brought on field trip (extra spending money, etc.)

8. Students need to check their schedules before they submit their permission slip and money to make sure that there are no conflicts with any magnet activities on the day of the field trip.

9. NO BACKPACKS OR WRITING UTENSILS (PENS, PENCILS MARKERS, CRAYONS, HIGHLIGHTERS, ETC.) ARE PERMITTED.

10. NO REFUNDS UNDER ANY CIRCUMSTANCES!

11. Masks are optional.

_______________________________________
Student Name (Please Print)

_______________________________________
Parent/Guardian Signature (Please Print)  Date