

HOUSTON INDEPENDENT SCHOOL DISTRICT PARENT APPROVAL FORM

Field Trip Permission Slip

Meverland PVA	4/14/22			
School	Date			
Dear Parent(s)/Guardian:	· Chaperones recesitan			
A field trip to 11 ± P122Q	has been scheduled by your child's			
(Day) (Date)	e 3rd, 2022			
The trip will be made by school bus, private carrie	• • • • • •			
leaving the school at Chur Q.M. and return				
(departure time) A teacher-sponsor will accompany this group and	(return time) I 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 \$_\				
waiver. For lunch your child will need: UNCh Drovi de cl.				
This form MUST be signed and returned. Parent	9			
Lendoas	Turlin avala			
(Teacher)	(Principal)			
This is to certify that(Name of son/daughter)	has my permission to go on the above listed			
field trip with this group. I am requesting a fee wa	aiver 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)			

HOUSTON INDEPENDENT SCHOOL DISTRICT MEDICAL RELEASE FORM

Name:		ol Name		
Address:				
lease include area code		•		
Home Phone No.:	Alte	ernative Phone No.:		
Parent's Cellular No.:	Par	Parent's Cellular No.:		
Parent's Work No.:	P	Parent's Work No.:		
		release my daughter	/son guardianship rig	ghts for the
ollowing date(s)				
 All prescribed medication must be in the of Students with asthma, life-threatening for consents All other prescribed medications must be all school personnel already administer methods. 	administered by and administered by an accordance of the contraction in accordance of the contracti	diabetes may self-carry of authorized district employance with this policy, then	emergency medicati yee.	·
			Taken at	
1(name of medication)		(amount given)		(time)
2(name of medication)	_ Dosage	(amount given)	Taken at _	(time)
	Donna	(amount given)	Tokon of	lamo
(name of medication)	_ Dosage	(amount given)	Taken at _	(time)
My daughter/son has her/hls hospital or medic	cal card;		es	no
In case of an Emergency please call	• •	atat		
(If parent cannot be reached)		(Include area code)		area code)
n order to ensure a safe and enjoyable trip, ple	ase list any health	conditions that your child	may have.	
				
My signature below gives you permission to take o receive medical treatment and gives my perm				
		*		
Parent Printed Name		Parent Signature)	Date
Sponsor Printed Name		Sponsor Signatur	re	Date
Principal Printed Name		Principal Signatu	TO .	Dale

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 J.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)