

## Parent Consent & Medical Release Form / PNP Schools 2024 - 2025

**Required for each student attending the field trip.  
 TEACHERS MUST KEEP THIS FORM IN THEIR POSSESSION ON THE FIELD TRIP.  
 SCHOOL PERSONNEL MUST RETAIN A COPY AT THE SCHOOL.**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: _____	City: _____	State: TX
----------------	-------------	-----------

Home Phone No.: Parent/ \_\_\_\_\_ Alternative Phone No.: \_\_\_\_\_

Guardian Cell No.: Parent/ \_\_\_\_\_ Parent/Guardian Cell No.: \_\_\_\_\_

Guardian Work No.: \_\_\_\_\_ Parent/Guardian Work No.: \_\_\_\_\_

Name of Field Lesson: \_\_\_\_\_

### Parent/Guardian Consent

This is to certify that \_\_\_\_\_ has my permission to go on the field trip named above.  
 (Name of Student)

### Medical Release Information

In order to ensure a safe and enjoyable trip, please list any health conditions that this student may have.

PNP School employees should only administer medication that has been prescribed by a doctor.

- Written physician and parent/guardian consent must be 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, or diabetes may self-carry emergency medications with required consents.
- All other prescribed medications must be administered by an authorized PNP School employee.

A physician and parent/guardian consent has been provided for the following prescribed medications:

- |                                  |                                 |                           |
|----------------------------------|---------------------------------|---------------------------|
| 1. _____<br>(Name of Medication) | Dosage: _____<br>(Amount Given) | Taken at: _____<br>(Time) |
| 2. _____<br>(Name of Medication) | Dosage: _____<br>(Amount Given) | Taken at: _____<br>(Time) |
| 3. _____<br>(Name of Medication) | Dosage: _____<br>(Amount Given) | Taken at: _____<br>(Time) |

This student has her/his hospital or medical card:  Yes  No

In case of an emergency please call \_\_\_\_\_ at \_\_\_\_\_  
 (If parent/guardian cannot be reached) (Include area code)

My signature below gives my permission for the above-named student to attend this field trip. Permission is also granted for this student to receive medical treatment at a hospital or medical facility and/or permission for the above medication(s) to be administered to this student.

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Parent/Guardian Printed Name