



ALDINE INDEPENDENT SCHOOL DISTRICT

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

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 Harris 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 Mr. Micah Schirado and/or Mrs. Anna Long 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: Choir Field Trips within the

State of Texas

(name and location of activity)

This power of attorney shall begin on the 22 day of August, 2016, and continue for the duration of the above activity, and shall expire not later than the 22 day of August, 2017.

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: _____



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Student Permission Form

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.

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