TOMBALL INDEPENDENT SCHOOL DISTRICT **CO-CURRICULAR/EXTRACURRICULAR TRIPS**

Date April 11, 2019

Dear Parent/Guardian:

Your child has the opportunity to participate in an event that will take him/her off campus. To be able to do this, you must complete the form below and return it to the event sponsor no later than May 10, 2019. It must be completed and signed before your student will be allowed to travel.

Student Name (PRINT)			Grade	
Date of Birth:	Male/Female (circle one) Campu	15	Home Phone	
			Second	
Father/Stepfather:		_Work #	Number	
			Second	
Mother/Stepmother:		_Work #	Number	
Alternate Emergency Contact:		Phone #	Relation	
Medical Information about st	udent:			
Insurance Provider		Policy Number		
Existing medical condition/s: _				
	Date of most recentTetanus/Td Booster:			
			1 cumus/ 1 u Doosier	
Allergies:				
Medication/s taken routinely: _				
Special considerations:				
My child, (Print name)				
following activity: Project Prom at Main Event, The Woodlands			Cost per Student <u>\$0.0</u>	
Transportation by: TISD Bus				
Date Leaving: <u>5/19/19</u>	Time Leaving: <u>12:00 am</u>	From (Location) <u>The Woodlands Resort & Main Event</u> To		
Date Returning: 5/19/19	Time Returning: <u>5:00 am.</u>	(Location) Tomball Memorial HS		
	Please be prompt in pick	ing up your ret	turning student.	
Additional Instructions from sp	oonsor:			
		e prom will be h	neld) to Main Event, for Project Prom. All students	
·		•	n the event ends at 5:00 am. Project Prom is a lock	

Name of Sponsor Ana Bruton

AP Senior Activities

I, the undersigned, do hereby authorize officials of the Tomball I.S.D. to contact persons named on this sheet in the event of illness, injury and/or inappropriate behavior of my child. If I or persons named on this sheet cannot be reached, T.I.S.D. school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of said child. I realize that this form does not abrogate or modify my rights as a parent/guardian of a minor. I have voluntarily signed this form to facilitate and expedite the treatment of my child. I will not hold the Tomball I.S.D. or the school official(s) financially responsible for the emergency care and/or transportation of said child.