

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

Date 5/18/18

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 5/16/18. 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) Campus \_\_\_\_\_ Home Phone \_\_\_\_\_

Father/Stepfather: \_\_\_\_\_ Work # \_\_\_\_\_  
Second Number \_\_\_\_\_

Mother/Stepmother: \_\_\_\_\_ Work # \_\_\_\_\_  
Second Number \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

**Medical Information about student:**

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Existing medical condition/s: \_\_\_\_\_

*Date of most recent  
Tetanus/Td Booster:* \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication/s taken routinely: \_\_\_\_\_

Special considerations: \_\_\_\_\_

My child, (Print name) \_\_\_\_\_, has my permission to participate in the  
following activity: Tomabll High School Transition Visit Cost per Student N/A

Transportation by: TISD Bus

Date Leaving: 5/18/18 Time Leaving: 8:00 From (Location) CPJH

Date Returning: 5/18/18 Time Returning: 11:00 To (Location) THS

**Please be prompt in picking up your returning student.**

Additional Instructions from sponsor:

Name of Sponsor Chris Scott, Principal THS

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Parent/Guardian