ALVARADO INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION FOR MEDICAL CONSENT AND TRAVEL FOR SCHOOL-RELATED ACTIVITIES

I am the parent, guardian or atto	mey-in-fact for	By my signature hereto,	
I hereby give consent to the	designated personnel of Alvarado	Independent School District for my child to	
participate in instructional field	trips, short excursions, vocational	and/or any other type of school-related activity	
such as this trip by, during the school year that a professional s employee may deem necessary for educationally/instructionally related experiences.			
employee may deem necessary to	or educationally/instructionally relative	ted experiences.	
By my signature hereto. I hereby	give authority for the above named	4.3	
(Please check the mode	give authority for the above named	student to:	
() walk	of travel you agree to		
() ride in a District ow	ned vehicle		
() drive a privately ow			
	r adult driver of a privately owned	vehicle	
() airplane travel			
() other:		551	
Also, by my signature hereto, I	hereby give authority to the desi	gnated personnel of the Alvarado Independent	
School District to consent to m	edical treatment for the named st	tudent in the event medical attention becomes	
necessary and I cannot be contact	ted. This authorization includes	the authority to sign releases on my behalf for	
enrolled I promise to assume liab	pility for payment of all such medical	an educational institution in which my child is	
emoned. I promise to assume had	mity for payment of an such medica	al services and facility fees.	
Signed this day of	, 20		
-			
	Signat	ure of Parent, Guardian, or person with whom	
	child	resides under Power of Attorney	
Emergency Contact Person		Address	
		20 8	
	-		
Phone #	Home Phone #	Work Phone #	
Medical Insurance Company		Delian No. 1	
medical insurance company		Policy Number	
Copies of this form shall be kept or	n file in the Principal's office and w	ith the supervisor or sponsor of the school	
related activity.	,	and supervisor of sponsor of the school	
<u>.</u>			
	CODE OF CONDUC	CT	
I understand that students shall be I	neld strictly accountable for their be	chavior on school-sponsored trips and that	
students who violate the Student Co	ode of Conduct or state law shall be	subject to disciplinary action.	
<u> </u>			
Signature of Student		Date	
	al u	à	
Signature of Parent or Guardian			
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