



THE VILLAGE SCHOOL

13077 Westella
281-496-7900

Houston, Texas 77077
Fax 281-496-7799

2007-2008 DAY CARE

2007-2008 Day care **FIELD TRIP PERMISSION**

and **PERMISSION TO RECEIVE MEDICAL ATTENTION**

**This form must be notarized to ensure
acceptance of this form as permission for medical treatment.**

(Notary service available in the school office.)

STUDENT NAME: _____
(Please print)

Grade: _____ **Teacher:** _____

BIRTH DATE: Month _____ Day _____ Year _____ **Phone:** _____

RESIDENCE: _____ **CITY:** _____ **ZIP:** _____

NAME	WORK	CELL
FATHER:		
MOTHER:		
Person to call if parents cannot be reached:		
Relationship:		

Name of Insurance Co.: _____

Insurance Policy #: _____ **Insurance Phone #:** _____

NO KNOWN ALLERGIES: **OR KNOWN ALLERGIES:** _____

Is student taking regular medication? Yes No

If yes, name of medication: _____ **Dose and frequency:** _____
(Attach sheet if additional room is required and write "see attached".)

DOCTOR: _____
(Name) (Street, City, Zip) (Phone)

Hospital of Choice (for local field trips): _____
(If you do not have a hospital preference, write "closest facility".)

2007-2008

Student Name: _____

I understand that should an accident or injury occur to my child while involved in school activities (on or off campus) that Day Care personnel will make every effort to contact me. In the event that I cannot be reached, I authorize the school person in charge at the time to seek and be responsible for appropriate medical care for my child until I can be reached. I will be responsible for any fees incurred.

I do hereby release The Village School of Houston, Texas, from any and all claims or liabilities of whatsoever nature individually and collectively that might arise out of my daughter's/son's participation in these Day Care field trips sponsored by The Village School.

Parent's Name: _____

(Please print)

Parent's Signature: _____

SWORN TO and subscribed before me on this

_____ day of _____, 20____.

Notary Public Signature

(Notary service available in the school office.)

Release Authorization

The following person(s) have authorization to collect my child:

	Phone	Cell
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____