

# AUBREY ISD MEDICAL RELEASE FORM

## 7<sup>TH</sup> GRADE TEXAS HISTORY TRIP

I give my permission for \_\_\_\_\_ to attend the Aubrey Middle School Texas History/Science Field Trip on Wednesday, April 15, 2020- Friday April 17, 2020. I understand my child will be transported by bus to Austin, San Antonio and will be spending the night in a hotel in San Antonio. I give the staff representing Aubrey ISD full authority to seek medical treatment for my child in the case of an emergency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent's Name (please print) \_\_\_\_\_

Parent's Address \_\_\_\_\_

Parent's phone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_

I, the undersigned, have agreed and do authorize Aubrey ISD representatives the legal right to sign for Medical or Surgical Care of my child

\_\_\_\_\_,

age \_\_\_\_\_, born Month \_\_\_\_\_, Day \_\_\_\_\_, Year \_\_\_\_\_.

This authorization is granted for April 15-17, 2020 while my child is attending the Texas History/Science Field Trip and in route to Austin and San Antonio, Texas.

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Given under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

In and for \_\_\_\_\_ County, Texas