HISD | External Funding Titles I, II & IV
FUNDAMENTALLY FOCUSED. SUPPORT DRIVEN.
providing equitable services to **Private Nonprofit Schools**
Catapult Learning

# Parent Consent & Medical Release Form / PNP Schools
# 2025 - 2026

**Required for each student attending the field trip.**
**TEACHERS MUST KEEP THIS FORM IN THEIR POSSESSION ON THE FIELD TRIP.**
**SCHOOL PERSONNEL MUST RETAIN A COPY AT THE SCHOOL.**

School Name: _____

Student Name: _____

Address: _____ City: _____ State: TX

Home Phone No.: Parent/ _____ Alternative Phone No.: _____

Guardian Cell No.: Parent/ _____ Parent/Guardian Cell No.: _____

Guardian Work No.: _____ Parent/Guardian Work No.: _____

**Name of Field Lesson:** _____

## Parent/Guardian Consent

This is to certify that _____ has my permission to go on the field trip named above.
(Name of Student)

## Medical Release Information

In order to ensure a safe and enjoyable trip, please list any health conditions that this student may have.

PNP School employees should only administer medication that has been prescribed by a doctor.

- Written physician and parent/guardian consent must be on file for each medication to be given.
- All prescribed medication must be in the original container in which the prescription label is affixed.
- Students with asthma, life-threatening food allergies, or diabetes may self-carry emergency medications with required consents.
- All other prescribed medications must be administered by an authorized PNP School employee.

A physician and parent/guardian consent has been provided for the following prescribed medications:

1. _____ (Name of Medication) Dosage: _____ (Amount Given) Taken at: _____ (Time)
2. _____ (Name of Medication) Dosage: _____ (Amount Given) Taken at: _____ (Time)
3. _____ (Name of Medication) Dosage: _____ (Amount Given) Taken at: _____ (Time)

This student has her/his hospital or medical card: ☐ Yes ☐ No

In case of an emergency please call _____ (If parent/guardian cannot be reached) at _____ (Include area code)

My signature below gives my permission for the above-named student to attend this field trip. Permission is also granted for this student to receive medical treatment at a hospital or medical facility and/or permission for the above medication(s) to be administrated to this student.

_____
Parent/Guardian Signature Date

_____
Parent/Guardian Printed Name