

LOWERY ELEMENTARY 2009-2010

ANNUAL FIELD TRIP AUTHORIZATION

Cypress-Fairbanks I.S.D. Medical Authorization Form

This form is completed annually for all field trips during the year. If there are any changes please notify the school.

I / We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint the sponsoring teacher or administrator of Lowery Elementary, Houston, Texas to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my/our absence on any field trip(s) or school sponsored activity.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

Signature parent / guardian

Date

Street Address

Houston, Tx.
City State Zip

Home Phone #

Cell Phone #

Work Phone #

Date

Witness

COMPLETE ONE OF THE FOLLOWING (# 1 OR # 2)

1) Hospitalization coverage for the above-named minor

Name of the Insurance Company or Government Carrier

Identification or Contract Number

Family Physician's Name

Physician's Phone Number

2) Insurance Waiver Statement

Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school on co-curricular activities. I have read and understand the insurance waiver statement

Signature parent / guardian

Date