Parent Consent and Medical Release Form / PNP Schools

Required for each student attending the field lesson.

TEACHERS MUST KEEP THIS FORM IN THEIR POSSESSION ON THE FIELD LESSON.
SCHOOL PERSONNEL MUST RETAIN A COPY AT THE SCHOOL.

School Name: Student Name:					
Address:				City:	State: TX
Home Phone No.:		ΔΙ	ernative Phone No.:	T Oily.	Oldio. 170
Parent/Guardian Cell No.:		-	rent/Guardian Cell No.:	-	
Parent/Guardian Work No.:			rent/Guardian Work No.:		
	Name of Field Les	sson:			
Parent/Guardian	Consent				
This is to certify that	has my permission to go on the field lesson named above. (Name of Student)				
consents.	medications must be	administered by a	petes may self-carry emon n authorized PNP School e following prescribed n	ol employee.	with required
1.		Dosage:		Taken at:	
(Name of N	Medication)		(Amount Given)		(Time)
2		Dosago:		Takon at:	
(Name of N	Medication)	Dosage:	(Amount Given)	Taken at:	(Time)
(rtaino or r	in careation i		(Autount Civori)		(11110)
3. (Name of N	Andination\	Dosage:	(Amount Circan)	Taken at:	/Time\
(Name of N	redication)		(Amount Given)		(Time)
This student has her/high	accrital or modical or	ard: 🗆 Vaa 🗆	No		
This student has her/his h	iospitai oi medical ca	alu. ∟ tes ∟	INU		
In case of an emergency				at	
(If parent/gu	iardian cannot be rea	ached)			(Include area code)
My signature below gives r					
medical treatment at a hos	pital or medical facili	ıy and/or permissio	in for the above medicat	ion(s) to be administr	aled to this student.
Parent/Guardian Signatur	re				Date
	Name				