**ARLINGTON INDEPENDENT SCHOOL DISTRICT**
**OUT OF DISTRICT TRAVEL MEDICAL AUTHORIZATION**

TO:    Any Physician, Hospital, or Other Health Care Provider:

RE: _____

We, the undersigned, represent and warrant that we are the parents or legal guardians of the above-named student, a minor child, and we do hereby give _____,
of the Arlington Independent School District, the power to consent to any and all medical and/or health care which he/she deems necessary in an emergency while said child is in her/her custody and control while on a district sponsored trip.

Signed this _____ day of _____, 20_____.

_____    _____
   Print Name of Parent or Guardian          Signature of Parent or Guardian

_____    _____
   Print Name of Parent or Guardian          Signature of Parent or Guardian

SUBSCRIBED AND SWORN TO BEFORE ME by _____

and _____ on this _____ day of _____, 20_____,

to certify which witness my hand and seal of office.

          Notary Public, State of Texas: _____

          My commission expires: _____

Home Phone _____Business Phone _____

Insurance Company_____Insurance Co. Phone _____

Policy Number _____

Medical Allergies _____

Pertinent Medical Information (e.g., diabetes, asthma, heart disease, insect or food allergies, etc.)

_____

Medications _____

Family Doctor _____Phone _____

Other Contact in Emergency _____Phone _____

It will be the responsibility of the parent to notify the school of any changes in the above information.

**ARLINGTON INDEPENDENT SCHOOL DISTRICT**
**Permission to Travel**

To: Parent/Legal Guardian of: _____

<div align="center">Student's Name</div>

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

| Description of Trip | Date | Means of Transportation |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The supervising sponsor for the trip(s) listed above is: _____

The local board policies governing student conduct and discipline are applicable to students on all district approved trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the principal.

_____
Signature of Parent/Guardian

Persons to Contact in Case of Emergency:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____