



**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: \_\_\_\_\_  
Student's Name

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 \_\_\_\_\_