



## HARMONY SCHOOL OF SCIENCE

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### PARENT APPROVAL FORM FOR HOUSTON MUSEUM OF NATURAL SCIENCE

**Event Name: the HOUSTON MUSEUM of NATURAL SCIENCE**

**Date of receiving Permission Paper:** Thursday, 12/17/2009

**Due date to turn in Permission Paper:** Wednesday, 1/6/2010

**Date of Event:** Friday, January 15th, 2010

**Eligibility Requirements:** All sixth-grade students and the approved chaperones. All parent chaperones will need to pay for their admission. We are allowing 4 chaperones per class. This will be first come first serve.

**Location: the HOUSTON MUSEUM of NATURAL SCIENCE Houston, TX**

**Cost:** \$22 per student (**Cash Only**) – **No refunds!** The \$22 fee includes bus transportation and admission into the event. **All students MUST PRE-PAY by Wednesday, 1/6/2010.** Any student who does not pre-pay will NOT be allowed to attend.

**Lunch:** The students and chaperones will need to bring money for lunch at the food court or bring a sack lunch.

**Time:** We will depart from HSS at 8:30 AM and will return at 2:30 PM.

**Dress Code:** Students will be allowed to wear jeans and tennis shoes for this event. They **MUST** wear their HSS uniform shirt or school spirit t-shirt. Please make sure to monitor the weather regarding the need for jackets, sweaters, etc.



- 1. Event Name: The Houston Museum of Natural Science
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\*\*\*Please turn in permission forms and money to your homeroom teacher.

PARENT APPROVAL FORM FOR the HOUSTON MUSEUM of NATURAL SCIENCE

Student Name: \_\_\_\_\_
Grade/Section: \_\_\_\_\_

I, \_\_\_\_\_ (student's name) pledge to abide by all district policies of the Harmony School of Science. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

(Student Signature) \_\_\_\_\_ Grade/Section: \_\_\_\_\_

This is to certify that \_\_\_\_\_ (student's name) has my permission to go on the field trip listed with this group.

By signing this form parent(s) give(s) consent to his/her child to take the transportation provided by school or teacher. Means of transportation could be any public, rental or private vehicles driven by an adult.

(Parent Signature) \_\_\_\_\_ Date \_\_\_\_\_

TRIP PERMISSION SLIP/MEDICAL RELEASE FORM

We (I), the parent (s)/guardian of \_\_\_\_\_ understands and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

Emergency Medical Release Form

Name \_\_\_\_\_
Parent/Guardian \_\_\_\_\_
Address \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Emergency Contact/Phone \_\_\_\_\_
Insurance Company/Policy/Group # \_\_\_\_\_
Doctor's Name/Number \_\_\_\_\_
Blood Type \_\_\_\_\_ Known Allergies \_\_\_\_\_
Medication \_\_\_\_\_
Any Additional Medical Information \_\_\_\_\_

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_