

Harmony Science Academy-Lubbock
PARENT APPROVAL FORM

Dear Parents,

Harmony Science Academy-Lubbock is arranging a field trip to Turkish Olympiad 2010 & NASA Space Center. The fee is \$75 for students (2nd student \$50) and \$125 for parents (2nd parent \$100) including travel, hotel, food and NASA Space Center entrance fee. Additional discounts may be for available families of three or more. See Mr. Simsek for the details and availability. Limited seats are available.

Note: K-5 students must have a parent or adult supervisor travelling.

Non-refundable deposit of \$25 is due by 3/24/2010(Friday) and the rest of the fee is due by 4/1/2010(Thursday). This form MUST be signed and returned. Parent approval may not be obtained by telephone.

Contact: Mr. Simsek (806) 747 1000, (806) 252 3032 (cell)

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

Grade/Section:

(Student Signature)

This is to certify that _____ (student's name) has my permission to attend the event.

We (I), the parent (s)/guardian of _____ understands and agree that the event 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.

(Parent Signature)

Date _____

Houston Trip Permission Slip/Medical Release Form

Date: 3/10/2010

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