

**FIELD TRIP PERMISSION AND EMERGENCY MEDICAL FORM**

The signature(s) below certify that permission is given for \_\_\_\_\_  
to attend the Carnegie Vanguard Fish Camp from 1:30 Thursday, August 19, 2010 until 12:00  
Saturday, August 21, 2010. It is understood that the trip to and from Camp Cullen and the stay at  
the camp itself is for academic and recreational purposes, and as preparation for the Fall 2010  
Semester at Carnegie Vanguard High School. I (We) will not hold the camp proprietors or  
employees, the Carnegie Vanguard staff, teachers, or students, chaperons/parents, Carnegie  
Vanguard High School, or the Houston Independent School District liable for any damages,  
injuries, or ill-health resulting from the days mentioned above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

**EMERGENCY MEDICAL TREATMENT**

I (We), the undersigned, hereby give my (our) permission for the Carnegie Vanguard Coordinator  
(or designee) and the nurse to seek and/or authorize emergency medical treatment during the time  
that my (our) child is at the Vanguard Fish Camp at Camp Cullen, or in transit Thursday August  
19, 2010 through August 21, 2010. I (We), the undersigned, will be responsible for the payment  
for such medical aid and/or treatment.

My (Our) medical insurance is with \_\_\_\_\_  
Name of insurance and/or employer of group coverage

My(Our) medical/hospitalization policy is # \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

Parent/Guardian telephone numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Alternate person's name to notify if parents/guardian cannot be reached: \_\_\_\_\_

Alternate person's telephone numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Any allergies, allergic reaction, etc., for the student listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other important medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_