

Permission Form 2010-2011

St. Mark Lutheran School/Extended Care • 1515 Hillendahl, Houston, TX 77055
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Return this form

STUDENT NAME

GRADE

***Please provide one preferred number to call in case of the need to do a mass communication such as early closure or bad weather day _____ - _____.*

AUTHORIZATION FOR ACTIVITIES

PLEASE CHECK APPROPRIATE SPACE

NAME RELEASE:

I hereby **GIVE** **DO NOT** my permission to have my child's name, phone number, home address and a parent's email address in the St. Mark School Directory, which will only be distributed to parents at St. Mark Lutheran School who normally would receive the directory. My signature below also gives my permission for my child's name to be printed in St. Mark newsletter.

TRANSPORTATION:

I hereby **GIVE** **DO NOT GIVE** - my consent for my child to be transported and supervised by school faculty/staff or St. Mark parents and/or extended care facility staff on field trips.

WATER ACTIVITIES:

I hereby **GIVE** **DO NOT GIVE** - my consent for my child to participate in water activities (splash pools/wading pools/swimming pools).

FIELD TRIPS:

I hereby **GIVE** **DO NOT GIVE** - my consent for my child to participate in field trips.

Signature of parent or legal guardian

Date

****My child's immunization record is on file at the school office or is attached hereto and all immunizations and tuberculosis tests are current.

Signature of parent or legal guardian

Date

MEDICATION/ FIRST AID

I hereby **GIVE** **DO NOT GIVE** - my consent for the school nurse or other designated staff to administer first aid and/or medication to my child.

Comments: _____
