

**PARENT APPROVAL FORM**  
**UT Austin & San Antonio River Walk Trip**

**Event Name:** High School College Trip

**Date of Receiving Permission Slip:** 1/30/19

**Due date to turn in Permission Slip:** 2/13/19

**Date of Trip:** *Friday, March 1, 2019 – Sunday, March 3, 2019*

**Fee:** \$100 (Transportation, accommodations and breakfast only. It does not cover other meals, activities and personal expenses.)

**Dear Parents,**

HSI-El Paso is arranging a UT-Austin College Trip. We will be visiting one of the best colleges in Texas and the San Antonio River Walk. We believe that this trip will help students discover the opportunities available out there for them. Your child is invited to attend this trip.

**Schedule:**

March 1<sup>st</sup> Friday:        Leaving from school around 9:00am and arrive at the hotel in Austin by 8:00pm.  
                                 Lunch and Dinner on the way to Austin. Hotel TBD.

March 2<sup>nd</sup> Saturday:    UT Austin  
                                 Lunch  
                                 Lake, and Park  
                                 San Antonio River Walk and Dinner

March 3<sup>rd</sup> Sunday        Arrive at HSI between 6:00am - 7:00am

**This form MUST be signed and returned.**

**Parent approval may not be obtained by telephone.**

**Contact:**        Mr. Smith (915-757-2929) and ([marcos.smith@harmonytx.org](mailto:marcos.smith@harmonytx.org)) and

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Mr. Smith  
High School Counselor

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Mr. Gurlek  
Principal

### PARENT APPROVAL FORM

I, \_\_\_\_\_ (student name) pledge to abide by all district policies of the Harmony School of Innovation-El Paso handbook. 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)

\_\_\_\_\_  
Date

**We (I), the parent (s)/guardian(s) of the student mentioned above understands and agrees 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

