

**FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT
OVERNIGHT TRIP PERMISSION FORM**

2505 Waldron Road

Corpus Christi, TX 78418

GOING TO: Math Team Trips 2013-2014 School year

DATE OF TRIP: Various Dates from 9/1/13 to 5/25/14

High School 694-9100

Junior High 694-9300

Intermediate 694-9400

Elementary 694-9500

MEDICAL AUTHORIZATION

I hereby request authorization and give consent to:

Anthony Gillespey, Kathryn McTigue, and Margaret Maloney

to act as my agent to administer first aid and medication to my minor child and to obtain medical treatment for my minor child. I understand this adult agent must accompany my child for any such treatment.

I further request authorization and give consent to any physician or hospital medical staff to recognize this agent acting in loco parentis and to provide any treatment considered necessary for acute and surgical conditions for my minor child.

(Name as per Birth Certificate)

This consent includes examination(s) and diagnostic procedures considered necessary in the treatment of acute medical conditions and routine immunizations.

SPECIAL MEDICAL PROBLEMS (medications, allergic to, seizures, etc.) _____

Home Phone: _____

Work Phone: _____

(Signature of Granter)

Father Mother Guardian

(Please circle correct designation)

THE STATE OF TEXAS

COUNTY OF NUECES

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and official seal the _____ day of _____, _____.

Notary public in and for Nueces County,
State of Texas