

# CARES Act (ESSER Fund)

## Parent Consent and Medical Release Form / PNP Schools

Required for each student attending the field lesson.

TEACHERS MUST KEEP THIS FORM IN THEIR POSSESSION ON THE FIELD LESSON.

SCHOOL PERSONNEL MUST RETAIN A COPY AT THE SCHOOL.

School Name: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX  
Home Phone No.: \_\_\_\_\_ Alternative Phone No.: \_\_\_\_\_  
Parent/Guardian Cell No.: \_\_\_\_\_ Parent/Guardian Cell No.: \_\_\_\_\_  
Parent/Guardian Work No.: \_\_\_\_\_ Parent/Guardian Work No.: \_\_\_\_\_

Name of Field Lesson: \_\_\_\_\_

### Parent/Guardian Consent

This is to certify that \_\_\_\_\_ has my permission to go on the field lesson named above.  
(Name of Student)

### Medical Release Information

In order to ensure a safe and enjoyable trip, please list any health conditions that this student may have.

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

PNP School employees should only administer medication that has been prescribed by a doctor.

- Written physician and parent/guardian consent must be on file for each medication to be given.
- All prescribed medication must be in the original container in which the prescription label is affixed.
- Students with asthma, life-threatening food allergies, or diabetes may self-carry emergency medications with required consents.
- All other prescribed medications must be administered by an authorized PNP School employee.

A physician and parent/guardian consent has been provided for the following prescribed medications:

1. _____ (Name of Medication)	Dosage: _____ (Amount Given)	Taken at: _____ (Time)
2. _____ (Name of Medication)	Dosage: _____ (Amount Given)	Taken at: _____ (Time)
3. _____ (Name of Medication)	Dosage: _____ (Amount Given)	Taken at: _____ (Time)

This student has her/his hospital or medical card:  Yes  No

In case of an emergency please call \_\_\_\_\_ at \_\_\_\_\_  
(If parent/guardian cannot be reached) (Include area code)

My signature below gives my permission for the above-named student to attend this field lesson. Permission is also granted for this student to receive medical treatment at a hospital or medical facility and/or permission for the above medication(s) to be administered to this student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_