

**HUMBLE INDEPENDENT SCHOOL DISTRICT
SCHOOL ACTIVITY PERMISSION FORM**

The undersigned being the parent or legal guardian of _____ does hereby consent to said student's participation in the Summer Musical Theatre Camp @ Kingwood High School.

I herewith authorize the teacher/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to hold the Humble Independent School District, its Board of Trustees, administration, and/or faculty, or volunteers harmless from all liability for any injuries which said student may receive while participating in or while traveling to and from such event. If necessary, additional information concerning the activity is attached or may be obtained by calling: 281-630-1465

I have listed below any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc. Special information:

Date

Signed

Emergency Phone Number