

MEDICAL AUTHORIZATION

STATE OF TEXAS

COUNTY OF MIDLAND

THAT I, _____, am the parent or guardian of _____, who is a student at _____ School. I hereby give my consent to authorize any doctor or hospital to administer medical attention to my child while he/she is on this trip. I hereby hold the chaperones harmless of authorizing such treatment.

WITNESS MY HAND this _____ day of _____, 20____.

Parent or Guardian

STATE OF TEXAS

COUNTY OF MIDLAND

This instrument was acknowledged before me on _____
_____ by _____.

(SEAL)

Notary Public - Signature