

PERMISSION SLIP

Dear Parent, your cadet is enrolled in the AIR FORCE JROTC at Kingwood Park High School this semester and has signed up to participate in:

Event: _____

Date: _____

Time Begin: _____ Time End: _____

Location: _____

Address: _____

Attire: _____

Cost: _____

Misc Info: _____

TRANSPORTATION FOR THIS EVENT IS BY:

_____ BUS. _____

Departure Location: _____
Departure Address: _____
Departure time: _____

Return Location: _____
Return Address: _____
Return time: _____

_____ STUDENT/PARENT. This event does NOT have a bus. You will be responsible for bringing your cadet to the location and will pick your child up after the event has concluded.

_____ OTHER. _____

PARENT ADVISORY NOTICE:

This includes physical activities such as running, push-ups, Sit-ups, etc. We hope you will allow your child to participate.

*For football games, your child will be advised to contact you around the beginning to middle of the 4th quarter. Your child will not be left unaccompanied, a cadet officer and Instructor will remain at the location until you arrive. However, we ask that you be prompt as to be courteous to our student leaders' time.

Each student is encouraged to bring money for food necessities not provided.

_____ Yes, I give my permission for my child to participate in this event

_____ No, I do not give my permission for my child to participate in this event

HUMBLE ISD INSURANCE ACKNOWLEDGMENT

I give my consent for an agent of the school to acquire emergency medical attention for my son/daughter and I/we assume responsibility for payment.

_____ He / She is enrolled in the school insurance program.

_____ He / She is covered under my family policy.

Insurance Company: _____

Policy / Group Number: _____

Medical information sponsoring teachers need to be aware of:

Medication: _____ To be given: _____

Allergies: _____

Comments: _____

STATEMENT OF WAIVER

I do hereby waive and release all claims against the United States Air Force, the Humble Independent School District, and/or their representatives for any injury to the undersigned cadet during this event.

Cadet's Name Printed _____

Parent's Name Printed _____

Address _____ Phone # _____

Parent's Signature _____ Date of Signature _____

Cadet's Signature _____ Date of Signature _____

Witness's Name Printed _____

Witness' Signature _____ Date of Signature _____

This permission form and the insurance information requested below must be completed and returned by noon at least one day before the event.

Thank you for your time and support, we cannot wait to see your student!

If you have any questions, comments, or concerns please feel free to reach out to:

Event Coordinator: Cadet First Lieutenant Montes

Email: isaiah.montes35@gmail.com

Phone: (M) 760.626.4113

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