

# Hidalgo Park Elementary

8700 S. "I" Rd.

Pharr, TX. 78577

Phone: (956) 781-4074 Fax: (956) 781-4631

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I hereby give permission for my son/daughter \_\_\_\_\_

To go on a class trip to \_\_\_\_\_ on \_\_\_\_\_

Time Leaving: \_\_\_\_\_ Time returning: \_\_\_\_\_

Means of transportation: \_\_\_\_\_ Cost per student: \_\_\_\_\_

I understand that the trip will be under the supervision of a teacher. I hereby relieve the Hidalgo Independent School District of all responsibilities beyond that of normal supervision.

\_\_\_\_\_  
**Parent/Guardian Signature**

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Yo doy permiso a mi hijo/hija \_\_\_\_\_

de ir a una excursión con su clase a \_\_\_\_\_

El día \_\_\_\_\_ Hora de salida \_\_\_\_\_ Hora de regreso: \_\_\_\_\_

Medio de transporte: \_\_\_\_\_ Costo por alumno: \_\_\_\_\_

Entiendo que los estudiantes en excursión estaran bajo la supervision de un maestro y reconozco que el Distrito escolar de Hidalgo no se hará responsable de ningun accidente que va mas allá del cuidado normal.

\_\_\_\_\_  
**Firma del Padre o Guardian**

## Medical Information:

Special needs for illness or allergies: \_\_\_\_\_

(Necesidades especiales o alergias)

Doctor: \_\_\_\_\_ Address(direccion) \_\_\_\_\_

Phone: (telefono) \_\_\_\_\_

Father (padre) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother (madre) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_

If parents are not available contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(En caso de emergencia llame a)

\_\_\_\_\_  
Parent/Guardian signature (Firma del Padre o Guardian)