

**DEUTSCHE SAMSTAGSSCHULE HOUSTON
GERMAN SATURDAY SCHOOL HOUSTON**

**At Christ the King Lutheran Church
2353 Rice Boulevard
Houston, Texas 77005**

Permission Form 2016/2017

I give permission for my child, _____
to receive medical treatment from a physician or another qualified medical
personnel in case of emergency.

Allergies / Health Concerns / Helpful Information: _____

Date

Parent or Guardian

School Trips / Classes

_____ has my permission to participate in all
regularly scheduled activities and trips within the City of Houston during the
school year _____. It is my understanding that beyond taking all reasonable
precautions for the supervision and safety of its students the school does not
assume responsibility in the event of an accident during the course of classes or a
scheduled trip. I will not hold the school or its teachers or administrators liable in
case of an accident during school hours either at the school or on a trip.

Date

Parent or Guardian