



Dr. Armando Cuellar Middle School

"BUILDING CHAMPIONS!"

DESI RODRIGUEZ
Principal

1201 S. Bridge Ave. *Weslaco, Texas 78596

Phone (956) 969-6920 *Fax (956) 973-9797

Parent Permission Form 2018-2019

Student: _____

Name of Organization: DR. CUELLAR MIDDLE SCHOOL BAND

Name of Sponsor(s): OLIVIA AGUAYO MARTINEZ

Place of Activity: _____

Purpose of Activity: _____

Date or dates of Activity: _____

Times: _____

MEDICAL TREATMENT

If the parents cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities, I authorize that my son/daughter may be taken to the hospital for emergency treatment. I agree to reimburse the school for any medical costs that might be incurred by my son/daughter while on the trip.

I give permission for my child to participate in these activities.

Parent Signature: _____ Contact Phone: _____

From the office of
OLIVIA AGUAYO MARTINEZ
956.639.3146 c
oaguayo@wisd.us