

**DEUTSCHE SAMSTAGSSCHULE HOUSTON  
GERMAN SATURDAY SCHOOL HOUSTON**

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

**Permission Form 2010/2011**

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 2010/2011. 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