

Paula Renken, Superintendent of Schools  
Todd Deaver, High School Principal  
Laura Kroll, Junior High Principal  
Karla Brysch, Elementary Principal



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PERMISSION Slip  
Poth Independent School District

My son/daughter, \_\_\_\_\_, has my permission to attend the  
\_\_\_\_\_ on \_\_\_\_\_.

I grant permission for the sponsors and officials of Poth Independent School District to seek medical attention and take whatever action is necessary in their judgement for the health of my son/daughter should the need arise.

My child has the following medical problems and/or allergies:  
\_\_\_\_\_ and  
\_\_\_\_\_.

I will not hold the Poth Independent School District or sponsors financially responsible for the emergency care and/or transportation of my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

In the event of an emergency, I can possibly be reached at:

\_\_\_\_\_ or  
\_\_\_\_\_

PO Box 250  
Poth, Texas 78147  
Office: (830) 484-3330 Fax: (830) 484-2961