

Brackett Independent School District

Student Activity and Transportation Permission Form

Dear Parents:

(Enter name of field trip or activity). Before your child will be permitted to fully participate in the _____, we need your signature on the Release and Consent Form below.

Please be aware that, except for students participating in University Interscholastic League athletic practice and competition or student who are engaged in school-sponsored activities on a school campus, the Brackett ISD is prohibited by the Texas Constitution from purchasing insurance coverage or paying medical expenses for students who may be injured while they are taking part in a school activity or any authorized school activity on or off the school campus. **Parents are responsible for any and all medical expenses arising from student injuries that may occur while your child is participating in the field trip.**

Release and Consent Form

Student Name: _____

My child has permission to participate fully in all activities of the _____, including those activities requiring travel in school or private transportation.

I understand that the school district has no liability for any personal injury or death that may occur while my child is participating in the _____ and that the school district is not responsible for the cost of medical treatment for any injuries that may occur while my child is participating in curricular and extracurricular activities including emergency care or emergency transportation.

I understand that I am responsible for the cost of medical treatment for any injury that my child may sustain while participating in the _____ and release Brackett ISD and its employees and volunteers from any liability whatsoever for injuries that may occur as a result of participation.

I authorize the principal or other professional employee who is supervising my child to consent to emergency medical treatment for my minor child's illness or injury that may occur while my child is participating in this activity. I also authorize emergency transport of my child by available emergency medical services.

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

INSURANCE INFORMATION: _____

INSURANCE RESPONSIBLE PARTY: _____

Parent Name (printed)

Parent Signature

Date