

Brownsboro Independent School District
P.O. Box 465
Brownsboro TX 75756

Brownsboro High School

PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

I, _____ (parent), agree to allow my child, _____ to travel with the group or individual associated with the District on the trip indicated below. I understand that while the student safety is a high priority for the District, under state law, the school is not responsible for medical cost associated with student injury.

I expressly waive all claims for medical expense, loss of services, or other claims and I agree to indemnify and hold harmless the district, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance. This release applies to the trip(s) taken by _____ (Organization) from Brownsboro to _____ (Destination) on _____ (Date).

Parent/Guardian Signature

Date

Sponsor's Signature

***Please fill out Emergency Information and Medical History on back of form.**

Emergency Information

Student's Name: _____

Address: _____

Grade: _____ Date of Birth: _____ Phone#: _____

Parent/Guardian Name: _____

Parent/Guardian Employer: _____ Work #: _____

Name of Insurance Co. _____ Policy #: _____

Medical History

Medical Problems: _____

Family Doctor: _____ Phone #: _____

Relative or friend's name & phone number:

Name/Relationship

Phone Number

Permission to give aspirin: Yes No

Permission to give Tylenol: Yes No

In case of emergency school personnel has my permission to take or send my child by car or ambulance to: _____
Hospital

Parent/Guardian Signature: _____