

BRAZOSPORT INDEPENDENT SCHOOL DISTRICT

TRIP PERMISSION AND RELEASE FORM

BRAZOSWOOD HIGH SCHOOL BAND

I, _____ (Student Name) pledge to abide by all student policies of the Brazosport Independent School District and of Brazoswood High School. I further pledge to uphold the high standards of the Brazoswood Band. I understand that I am governed by the same rules on school sponsored trips as when I am at school, including the right for the band directors to search rooms, luggage, and/or persons should probable cause arise.

Social Security Number Student Signature Birthday – M/D/Y Grade

We (I), the undersigned parent or guardian of _____ (student name), understand and agree that the Brazoswood High School Band trips of 2008-2009 (inclusive) are a function of and the responsibility of the Brazosport I.S.D. These trips are school-sponsored activities and functions. I further realize that should my child fail to honor the above pledge, disciplinary action could be taken, including the possibility of my child being sent home from these trips at the parents' expense.

U.I.L. RESIDENT ELIGIBILITY

The address and zip code listed on this form is the actual address where the student and his/her parents or legal guardians reside.

It is understood that I, the parent, will contact and inform the school's principal of my address change made while that student is involved in a U.I.L. program.

The undersigned agrees to be responsible for the safe return of all school equipment issued to the said student.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON BOTH SIDES OF THIS FORM IS ACCURATE AND TRUE:

Student Signature Date Parent Signature Date

Witness #1 (of legal age, not related) Witness #2 (same)

Name _____

- | | YES | NO |
|---|-------|-------|
| 1. During the past 12 months: | | |
| a. Was he/she hospitalized? | _____ | _____ |
| b. Did he/she have any injuries requiring medical attention? | _____ | _____ |
| c. Did he/she have any serious illness? | _____ | _____ |
| 2. Does he/she take medication regularly? | _____ | _____ |
| 3. Do you know of any reason why there should be limits on his/her participation in band? | _____ | _____ |
| 4. Has he/she ever had a concussion or been knocked out? | _____ | _____ |
| 5. Has he/she ever had a convulsion? | _____ | _____ |
| 6. Is he/she now under a doctor's care? | _____ | _____ |
| 7. Is he/she missing any paired organ (eye, kidney, etc.)? | _____ | _____ |
| 8. Any health problems which we should know about? | _____ | _____ |
| 9. Any known allergies to medications? | _____ | _____ |
| 10. Does he/she have asthma? | _____ | _____ |

If the answers to any of the above questions is YES, please give details below:

Are you covered by hospitalization insurance? Please **INITIAL AND CHECK** YES _____ NO _____
Insurance company: _____ Policy #: _____
Policy carried through work? _____ Individual? _____
Responsible party name: _____
Address to mail claim form: _____

Please give the name and phone of the nearest responsible party should we not be able to contact you:

Name: _____ Phone: _____
Relationship: _____
Family Doctor: _____ Office Phone: _____ Home: _____

My child has permission to swim at designated hours. **INITIAL AND CHECK** YES _____ NO _____

Mother (legal guardian) Please Print

Signature

Father (legal guardian) Please Print

Signature

Student Address: _____ Home Phone _____

Mother Work Phone: _____ Father Work Phone: _____

Other Phone Numbers: _____
