



TRIP AND IN-STATE TRAVEL PERMISSION FORM
Brazosport Independent School District

Trip: _____ Destination: _____

District Sponsor/Teacher: _____ Date(s) of trip: _____

Items required for the trip: _____ Cost: _____

In order for the student to participate in the field trip or in-state travel, parent must complete and sign the form below and return it to the District sponsor/teacher named above.

By my signature below, I _____, parent/guardian of _____
Certify to the best of my knowledge that the following information and statements are accurate and true.

Student Name: _____ Birthdate: ____/____/____
(Last) (First)

School Attended: _____ Grade Level: _____ Teacher's Name: _____

Full Address _____ Phone: _____

Parent/Guardian

Name(s): _____

Phone Number(s): Please give all numbers where you can be reached, including business, pager or mobile numbers.

Emergency Contact (other than parent/guardian when parent/guardian cannot be reached.)

Name: _____ Relationship to Student: _____

Full address _____

Phone: _____

Medical Information: Doctor's Name: _____ Phone _____

Health Insurance Carrier: _____

Policyholder Name: _____ Policy Number: _____

In the event that emergency medical or dental treatment becomes necessary for my student while on the trip and I cannot be contacted, I authorize the school to obtain the necessary treatment.

I understand that all students participating in the trip are required to ride in transportation provided by the school. The school district will not be liable for injuries to students riding in vehicles not provided by the school.

I understand that the Brazosport Independent School District's rules and regulations regarding conduct and discipline apply while students are participating in the trip. Also, the student is required to follow any special rules developed for this particular trip. I understand that in order for my student to participate in major trips, he or she must comply with scholarship and eligibility requirements according to UIL guidelines.

I release the Brazosport Independent School District, its Board of Trustees, staff, and employees from any damages arising from this trip, except to the extent that liability may be imposed under Texas law. The Brazosport Independent School District, its Trustees, employees, and agents may still claim any governmental or professional immunities allowed by law. As parent or guardian, I agree to hold the District, its trustees, employees, and agents harmless from any damages that may result from my student's actions on the trip.

I have read and understood this permission form and I sign it voluntarily and with full knowledge of its significance. I hereby give permission for my student to participate in this trip.

Signed by: _____ **Date** _____
(Parent/Guardian)