

Spring Branch ISD
101920

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

EXHIBIT G

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
CHAPERONE-SPONSOR EMERGENCY INFORMATION

Please print or type only.

Name of sponsor

Organization/Club

Home address

City

State

Zip

Date of birth: _____

Please list persons who can act on your behalf in case of an emergency.

Name

City

State

Relationship to sponsor

(_____)
Phone

Name

City

State

Relationship to sponsor

(_____)
Phone

Name

City

State

Relationship to sponsor

(_____)
Phone

Hospitalization Coverage for the Above-Named Chaperone-Sponsor

Name of insurance company or government center

Identification or group number

Family physician's name

Family physician's phone number

Insurance Waiver Statement

(Complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the chaperone-sponsor must assume legal responsibilities for expenses incurred for injuries that occur during trips. I have read and understand the above.

Signature of chaperone-sponsor

Date