

Spring Branch ISD  
101920

STUDENT ACTIVITIES  
TRAVEL

FMG  
(EXHIBIT)

EXHIBIT E

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
MEDICAL AUTHORIZATION FORM FOR TRIPS

***This section is to be completed by Trip Sponsor:***

This document will be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

Closest medical facility to event: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I / We, being the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby appoint an agent of SBISD from \_\_\_\_\_ School

Campus

to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my absence. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any nonlife-threatening situation/condition utilizing the contact information that I/we have provided.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Daytime phone  
(Where you can be reached during the trip)

**Hospitalization Coverage for the Above-Named Minor**

\_\_\_\_\_  
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 parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during cocurricular activities. I have read and understand the above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Teacher