



**MEMORIAL HIGH SCHOOL
ORCHESTRA**

Class Period _____

Student Name _____

Street Address _____

Zip _____ Home Phone (____) _____

Cell Phone (____) _____

Email _____

**SBISD Parent Permission and Release of Liability for
Students Participating in School-sponsored Trips**

I understand that students on trips are subject to school rules, including the *Student/Parent Handbook*, *SBISD Discipline Management Plan* and *Student Code of Conduct*, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby grant my son/daughter/ward my permission to attend and participate in any and all activities which are a part of the Choir program at Memorial High School. I understand that the class and study trip activities will be supervised by adult leaders, and I also understand that my son/daughter/ward will be responsible for all of his/her expenses connected with the course and/or its study trips.

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries which might be received during class activity, on trips or in traveling to and from such trip destinations, except for those which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.



Parent/Guardian signature

Date

Hospitalization Coverage for the Above Named Minor

Insurance Company: _____

Identification or Group Number: _____

Coverage verification phone #: _____

Family Physician Name: _____

Family Physician 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 co-curricular and extracurricular activities. I have read and understand the insurance waiver statement.



Parent/Guardian signature

Date

SBISD Student Medical Information and Medical Authorization Form for Students Participating in School-sponsored Trips
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Medical History:

Allergies (include drugs): _____
 Asthma: _____
 Epilepsy: _____
 Heart Disease: _____
 Other: _____
 Special health or dietary needs: _____

Prescription medications (list all the student is currently taking): (** Prescription medication must be sent in the original prescription bottle with the proper dosage information on the label. **)

Other medications: _____

I/We, being the parent(s) or legal guardian(s) of the student named on this form, a minor, do hereby appoint an agent of SBISD from Memorial HS to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization during a period of my/our absence during any choir trip or during any choir activity. 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 non-life-threatening situation/condition utilizing the contact information that I/we have provided.

I agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred on any trip.

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

→ _____ Date _____
 Parent/Guardian signature

IN CASE I CANNOT BE REACHED, PLEASE CONTACT:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____