



***BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
2025 SUMMER RECREATION PROGRAM***

PARENT OR GUARDIAN'S PERMIT

I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER

_____ TO PARTICIPATE IN THE
SUMMER RECREATION PROGRAM SPONSORED BY THE BROWNSVILLE
INDEPENDENT SCHOOL DISTRICT.

I HEREBY GRANT PERMISSION FOR SCHOOL EMPLOYEES TO
SECURE MEDICAL SERVICES FOR THE ABOVE NAMED PARTICIPANT IF
NECESSARY, BUT ASSUME ALL RESPONSIBILITY FOR MY
SON/DAUGHTER'S MEDICAL EXPENSES.

IT IS UNDERSTOOD THAT NEITHER THE BROWNSVILLE
INDEPENDENT SCHOOL DISTRICT NOR THE INSTRUCTORS ASSUME ANY
RESPONSIBILITIES IN CASE AN ACCIDENT OCCURS. THE UNDERSIGNED
AGREES TO BE TOTALLY RESPONSIBLE FOR ANY AND ALL EXPENSES
THAT ARE NECESSARY.

DATE

SIGNATURE OF PARENT OR GUARDIAN

BISD CAMPUS PARTICIPANT ATTENDS
STUDENT ID # _____

HOME ADDRESS

HOME PHONE NUMBER / CELL NUMBER

PHONE NUMBER IN CASE OF EMERGENCY