

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
Student Travel Consent Form (PreK-12)
For Campus-Sponsored Field Trip or Off-Campus Activity
2020-2021 School Year

Your son/daughter has the opportunity to attend the following campus-sponsored field trip or off-campus activity. He/she will be required to make up any school work missed in his/her classes due to this trip. This form must be signed by the parent/guardian and returned to the sponsor, teacher, or administrator in charge of this group no later than the day before the date of departure. No student will be permitted to go on this trip who has not completed this form. Student must meet state and local eligibility requirement for extra-curricular travel.

Campus: Henn HS Organization: Band Sponsor's Name: Dennis Enig

Student: _____ Student Id #: _____ Date of Birth: _____

Address: _____ City/State: _____ Home Phone: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Alternative Adult Name: _____ Home Phone: _____ Work Phone: _____

Site to be visited:	<u>ALL Band UIL/Perdu/Centers/Football Games</u>		
	<input type="checkbox"/> Swimming and/or water Activity (if appropriate, please check)		
Date of Departure:	<u>TBA</u>	Time:	<u>TBA</u> Approximate time and date of return: <u>TBA</u>
Staying overnight (Secondary only) at:	_____		
Mode of Transportation:	<input checked="" type="checkbox"/> BISD Bus:	<input checked="" type="checkbox"/> Commercial Bus:	_____
Private vehicle driven by:	<input type="checkbox"/> Teacher: <u>N/A</u>	<input type="checkbox"/> Parent:	_____
	<input type="checkbox"/> Student: _____	Other:	_____

In case of emergency, I give my approval and authorization for first-aid treatment/medical treatment by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

YEAR- ROUND ACTIVITY
<input checked="" type="checkbox"/> If this box is check, the above-named student has my consent to travel to each event participated in by this campus / organization for the current school year.

Additional medical information and/or comments:

The above named student has my consent to travel with this campus/organization. I understand that the student will be supervised while en route, participating, and during unscheduled time and that normal precautions will be taken in the interest of safety and well being. I agree to release the Brownsville Independent School District and its employees and sponsors from all legal responsibility and liability on this trip. I understand that any student who does not conduct himself/herself properly will be sent home at the parent's expense.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Sponsor: [Signature] Date: _____

BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.