

SPONSOR / FIELD TRIP _____

RELEASE FORM - TRAVEL

I, _____ (Student - Please Print) do pledge to uphold all student policies and the high standards of the Fort Bend ISD. I understand that I am governed by the same rules on any sponsored trip or activity as if I am at school. I understand that possession of, having used or being under the influence of drugs and/or alcohol are prohibited and the school's authority to enforce the policy includes the right to inspect personal luggage, lodging accommodations, transportation vehicles, etc. I understand that my infraction will be dealt with according to F. Bend ISD Code of Conduct guidelines and may result in my being sent home immediately at my parents'/guardians' expense from a trip or activity.

(Student Signature) _____ (Age) _____ (Date of Birth)

I, _____, being the legal parent/ guardian of _____, a member of Austin High School student body, give my full permission for my child/ward to attend any sponsored and/or related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the Fort Bend ISD, Austin High School and their administrative/faculty personnel.

I further consent to the treatment of _____, my son/daughter/ward by the medical facilities of a Public Health Service or civilian physician/medical facility as required in the event of any illness/accident existing. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

MEDICAL INFORMATION

My son/daughter/ward has been determined to have the following allergies:

He/She requires medication for the treatment of _____.

Our family doctor is _____. In case of emergency, he/she may be reached at _____. We are covered by hospitalization. The name of our insurance company is _____.

(Witness other than relative)

(Signature of Parent)

(Address)

(Address)

(City, State and Zip Code)

(Home Phone) _____ (Work or cell Phone)