**[Parent/Guardian MUST complete and sign this form for their child to travel]**

**COLDSPRING OAKHURST I.S.D. BAND TRAVEL PERMISSION FORM**

I agree to allow my child to attend ALL BAND ACTIVITIES FOR WHICH HE/SHE IS ELIGIBLE. I understand that while student safety is a high priority for the District, under State Law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child’s actions on each trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT ALTERNATE PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This number could be an office phone, pager, another cell phone, etc.)

PERSON (OTHER THAN PARENT) TO CONTACT IN CASE OF EMERGENCY:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This information is very important. Please provide the name and phone number of a relative or family friend who will know how to find you in an emergency. Please do not use any of the phone numbers listed above. If your child is injured, or becomes ill while away from school, it is vital that school personnel are able to contact you as quickly as possible.)

KNOWN ALLERGIES OR MEDICAL CONDITIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MEDICATIONS CURRENTLY USING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be used for emergency treatment only. Parent and school administrators will always be notified of emergencies.)

PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_