

EXHIBIT B

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

I, _____ (parent), agree to allow my child,
_____ (child's name), to travel with a group or individual associated with the District on the trip(s) indicated below. 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 the 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.

This release applies to the trips to be taken by _____ (group)

to _____ (place)

on _____ (date);

to _____ (place)

on _____ (date); and

to _____ (place)

on _____ (date).

Parent _____

Date _____

Brenham ISD Travel Permission Form

Last Name	First Name	MI	Student ID	Grade	Sex	Date of Birth	Social Security Number
Street Address		City		Zip		Home Phone	Student Cell Phone
Male Guardian Name		Employer		Work Phone		Cell Phone	Relationship to Student
Female Guardian Name		Employer		Work Phone		Cell Phone	Relationship to Student
Emergency Contact		Home Phone		Work Phone		Cell Phone	Relationship to Student

The student above has my permission to leave any BISSD campus for the purpose of any field trips or any school related events. I agree to release Brenham Independent School District and the supervising teacher/administrator from all legal responsibility for liability of the above named student while on this project or activity.

We authorize the Brenham ISD School representative:

- To represent us before any medical institution where it may be necessary to send our son/daughter while he/she is under its care.
- To give, in our name, the necessary authorization for surgery or medical treatment in case of an emergency, when medical authorities deem it indispensable.
- To represent us while our son/daughter is under supervision of school authorities.

Parent/Guardian Signature

Date

Brenham ISD Travel Emergency Medical Information

Family Physician	Physician Phone #
Insurance Company	Policy/Group #
Insurance Company Address	Insurance Company Phone Number
Health History: (Please give date where applicable and if known)	
Surgery (within last year)	Serious Medical Problem(s)
Any special health problems in the past?	Type of health problem
Medication(s) student is on: (i.e.: ADHD, birth control, insulin, etc.)	
Is student under medical treatment at present?	Reason
Circle if your student has been diagnosed with any of the following:	Rheumatic Fever Diabetes Epilepsy Tuberculosis Asthma
Date of last Tetanus Booster	Allergies
Allergy to drugs (specify – Penicillin, Insulin, etc.)	Emotional Problems (Hyperventilation, Hysteria, etc.)