

BRENHAM INDEPENDENT SCHOOL DISTRICT

**STUDENT TRAVEL PERMISSION SLIP
AND RELEASE FORM**

_____ in Grade _____ has my permission
to leave Brenham High School for the purpose of any and all ATHLETIC events.

I agree to release Brenham Independent School District and the supervising coach from all legal
responsibility for liability of the above named student while on this project or activity.

MEDICAL AUTHORIZATION

We authorize the Brenham High 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

Home Phone Number Work Phone Number

Some out of town hospitals require notarization of parent/guardian signatures. Our local hospital, Trinity Medical Center, does not require notarization. They will still contact the parent/guardian if the student is a minor. As your child's parent/guardian, the decision will be yours.

Subscribed before me this _____ day of _____, _____.

SEAL

Notary Public

**BRENHAM HIGH SCHOOL
STUDENT HEALTH HISTORY**

Student's Name _____ Grade _____

Present Address _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Phone Number: Home _____ Work _____

Family 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) _____
(type of surgery) _____ (date) _____

Emotional Problems (Hyperventilation, Hysteria, etc.) _____

Serious Medical Problem(s) _____

Rheumatic Fever _____ Diabetes _____ Epilepsy _____

Date of last Tetanus Booster _____ Allergies _____

Allergy to drugs (specify – Penicillin, Insulin, etc.) _____

Any special health problems in the past? _____ Type of health problem _____

Medication(s) student is on: (i.e.: anti-convulsive, anti-histamine, insulin, tranquilizers, etc.) _____

Is student under medical treatment at present? _____ Reason _____