



Leander ISD Student Travel Guidelines

Parent Waiver and Release of Claims and Consent for Medical Treatment for Student Travel



I, the undersigned parent or guardian, hereby give permission for my child or ward, _____, to participate in Theatre trips occurring August 22, 2011 thru June 30, 2012 and involving travel by school bus, school suburban driven by directors or charter bus.

I am aware that, should the world situation make it necessary for the administration of the LISD to cancel student travel, or if my child becomes ineligible to participate in the trip, the school district assumes no financial responsibility for any monies lost due to this action.

In regards to the above trip/activity, I release and discharge the Leander Independent School District, its employees, officers, agents and assigns from all claims which I may have or which my heirs, administrators, or assigns may have or claim to have against Leander ISD, its employees, officers, agents and assigns for all personal or property injuries caused by or arising out of the above-described trip/activity.

For the same consideration, I recognize that student participation in this trip is voluntary, and I hereby expressly assume all risk of personal injury to participant and loss or damage to property of participant or any other loss of every nature.

I acknowledge that my child or ward understands that the activity involves possible inherent risks of physical harm because of the nature of the activity itself and/or the physical environment of the location(s) wherein the activity is conducted and that it is participant's responsibility to use special care and caution, including but not limited to, appropriate protective apparel and/or equipment, to avoid risk of injury.

Finally, I authorize the sponsor(s) to consent to medical treatment of my child or ward, _____, in the event of medical emergency on the above-described trip.

I have read this Waiver and Release of Claims and Consent for Medical Treatment and understand all of its terms and conditions. I execute this Waiver and Release of Claims and Consent for Medical Treatment voluntarily and with full knowledge of its significance.

Date: _____

Signature of Parent or Guardian

Address and Phone Number of Parent or Guardian

Please complete the Medical Information on the next page.

Student Medical Information

Student Name: _____

Student Birthday: _____ Student Social Security #: _____

Student ID#: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Physician Name: _____ Phone Number: _____

Important Medical Information (drug or food allergies, special medical conditions, medications, etc.): _____

This information portion is not required. It is optional.

Insurance Information

Insurance Plan Name: _____ Insured's Name: _____

Insurance Phone Number: _____

Group Name: _____ Group Number: _____

Member Number: _____ I.D. Number: _____

Plan Number: _____ Additional Information: _____

REQUIRED: Please attach a copy of your insurance card (front and back).