

***Student Name:*** \_\_\_\_\_

***ID #*** \_\_\_\_\_

*(please print)*

**NORTHSIDE INDEPENDENT SCHOOL DISTRICT  
Louis D. Brandeis High School**

**2016-2017 Parent Permission Form for Travel**

\_\_\_\_\_ has my permission to travel with a Brandeis HS organization.  
**(Student)**

I will not hold Northside Independent School District or its employees liable for accidents or injury, which may have occurred while on the above described trip. I further understand that any competition or performing program as a representative of a Northside School or the District (including practice, competition, travel to and from the event, or other related activities) who displays conduct which is disruptive or detrimental to the program including but not being limited to, being in possession or under the influence of alcohol, marijuana, hallucinogenic drugs, or other prohibited substances of any kind, or attempting to sell, distribute, or to use said prohibited items on campus of any school in the District or any activities mentioned above will be subject to immediate withdrawal from the program for the remainder of the school year and/or placed under suspension, placed in an alternative program, or expulsion from school. (Northside Board Policies, EHAD local, FNCF/FNCE local, FNCG local, FNCH local).

I, \_\_\_\_\_ authorize BHS Staff/or Chaperones to execute  
*(Parent or Guardian)*

any and all documents necessary for my child, \_\_\_\_\_ to be treated by a medical doctor or at a medical facility, whether on an emergency or non-emergency basis should it be deemed necessary for his/her care and general welfare.

**I give / do not give (circle one)**

**Permission for over the counter medication to be administered.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian Signature

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency contacts other than above: \_\_\_\_\_

**(Over)**

**PLEASE READ CAREFULLY**

May a qualified sponsor provide minor medical attention?

\_\_\_\_\_  
Yes                      No

If a doctor is needed for any reason, you will be contacted. If we are unable to reach you immediately, may a doctor administer medical attention as he/she feels necessary?

\_\_\_\_\_  
Yes                      No

In case of emergency, please list the telephone number's where you may be contacted.

\_\_\_\_\_  
Home                      Office                      Cellular                      Other

If you cannot be reached, please list someone else we may contact to inform of problem or procedures given.

\_\_\_\_\_  
Contact Person                      Phone

Please list ALL medications your child is currently taking:

Please list any allergies or other medical problems you feel we should know about.

Please list any medication your child is allergic to.

Medical Insurance plan and number: \_\_\_\_\_

Parent Email: \_\_\_\_\_