

CROSBY INDEPENDENT SCHOOL DISTRICT
P.O. BOX 2009
CROSBY, TX 77532

Travel Release and Medical Information Sheet

Student's Name (Please Print)

The above named student has my permission to go to: _____ on _____.
Date

We understand that Crosby ISD, the classroom teacher, and the chaperones cannot be held liable for accidents.

Signed _____
Parent or Guardian

Signed _____
Student

Home Phone _____ Other Phone _____

My child will need the following medication on the trip:

(All medication must be listed above.)

Family Physician's name & phone: _____

Known allergies of student: _____

Hospitalization Policy: _____ Policy No. _____

Other Insurance: _____ Policy No. _____

In the event that emergency treatment or surgery is needed, a minor cannot be operated on without the consent of a parent or guardian. Parents should consider and act at their discretion on the following:

I give my permission for _____ to seek & receive emergency treatment or surgery by a qualified physician if the need should arise.

I also give my permission for _____ to receive emergency treatment or surgery in any duly licensed hospital by any qualified physician on the hospital staff should a medical need arise.

Signed _____
Parent or Guardian

Other pertinent medical information