

Crosby Independent School District  
Crosby High School  
14703 FM 2100  
Crosby, TX 77532

**FORM 3: TRAVEL RELEASE AND MEDICAL INFORMATION SHEET**

\_\_\_\_\_ has my permission to go on all approved Choir trips for the 2014-2015 school year. We have read the guidelines and rules as stated, and we agree to abide by them. We understand that the sponsor and chaperone(s) have the right to search handbags or any personal belongings for illegal items in order to protect the entire group. We understand that the Crosby Independent School District, the sponsor, driver, and chaperone(s) 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:  
(List all medication in space below.)

Family Physician's name and 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 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 duty licensed hospital by any qualified physician on the hospital staff if the need should arise.

Signed: \_\_\_\_\_ Parent or  
Guardian

Other pertinent medical information: