

Brenham ISD Travel Permission and Emergency Medical Information

Last Name	First Name	MI	Student ID	Grade	Sex	Date of Birth	Social Security Number
Street Address			City	Zip		Home Phone	Student Cell Phone
Male Guardian Name			Employer	Work Phone		Cell Phone	Relationship to Student
Female Guardian Name			Employer	Work Phone		Cell Phone	Relationship to Student
Emergency Contact			Home Phone	Work Phone		Cell Phone	Relationship to Student

The student above has my permission to leave Brenham High School/ Junior High 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.

We authorize the Brenham High School/ Junior 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

Date

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Family Physician	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)	Serious Medical Problem(s)
Any special health problems in the past?	Type of health problem
Medication(s) student is on: (i.e.: ADHD, birth control, insulin, etc.)	
Is student under medical treatment at present?	Reason
Circle if your student has been diagnosed with any of the following:	Rheumatic Fever Diabetes Epilepsy Tuberculosis Asthma
Date of last Tetanus Booster	Allergies
Allergy to drugs (specify – Penicillin, Insulin, etc.)	Emotional Problems (Hyperventilation, Hysteria, etc.)