

**BRENHAM INDEPENDENT SCHOOL DISTRICT**

**STUDENT TRAVEL PERMISSION SLIP  
AND RELEASE FORM**

\_\_\_\_\_ in Grade \_\_\_\_\_ has my  
permission to leave Brenham High School for the purpose of \_\_\_\_\_

I agree to release Brenham Independent School District and the teacher and/or sponsor,  
\_\_\_\_\_ from all legal responsibility for liability of the  
above named student while on this project or activity.

**MEDICAL AUTHORIZATION**

We authorize the Brenham High School representative:

- a) To represent us before any medical institution where it may be necessary to send our son/daughter while he/she is under its care.
- b) To give, in our name, the necessary authorization for surgery or medical treatment in case of an emergency, when medical authorities deem it indispensable.
- c) To represent us while our son/daughter is under supervision of school authorities.

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

\_\_\_\_\_  
Home Phone Number                  Work Phone Number

Some out of town hospitals require notarization of parent/guardian signatures. Our local hospital, Trinity Medical Center, does not require notarization. They will still contact the parent/guardian if the student is a minor. As your child's parent/guardian, the decision will be yours.

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public