

TRAVEL RELEASE AND MEDICAL INFORMATION FORM
Tarkington Independent School District

Student Name (Please Print)

Date

The above-named student has my permission to attend _____ on _____ . We have read the guidelines and rules as stated in the appropriate student handbook, and we agree to abide by them. We understand all rules and regulations as stated in the school handbook also apply at any school-sponsored activity. We understand that the sponsor/chaperones have the right to search handbags or any personal belongings for illegal items in order to protect the entire group.

We understand that the Tarkington Independent School District, Tarkington High School and the sponsors/chaperones/coaches will not be held liable for accidents.

Parent/Guardian Signature

Student Signature

Primary phone contact # _____ Secondary/Emergency # _____

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Family Physician _____ Phone # _____

Known allergies of student: _____

Hospitalization Policy: _____ Policy # _____

Other Insurance: _____ Policy # _____

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

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

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

Parent/Guardian Signature

Date

Student Signature

List any other pertinent medical or personal information:
