



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT**  
**Student Travel Consent Form**  
**For Campus-Sponsored Field Trip or Off-Campus Activity**  
**2022-2023 School Year**



Your son/daughter has the opportunity to attend the following campus-sponsored field trip or off-campus activity. He/she will be required to make up any schoolwork missed in his/her classes due to this trip. This form must be signed by the parent/guardian and returned to the sponsor, teacher, or administrator in charge of this group no later than the day before the date of departure. No student will be permitted to go on this trip that has not completed this form. Students must meet state and local eligibility requirements for extra-curricular travel.

Campus: \_\_\_\_\_ Organization: \_\_\_\_\_ Sponsor's Name \_\_\_\_\_  
Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Individual Activity**

Site to be visited \_\_\_\_\_  
Date of departure: \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_  
Mode of Transportation: \_\_\_\_\_ BISD BUS \_\_\_\_\_ CHARTER BUS \_\_\_\_\_

**Medical Information**

In case of emergency, I give my approval and authorization for first-aid treatment/medical treatment by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment. I will not hold the school district financially responsible.

Medical Information: Health Program: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Daily Medication: \_\_\_\_\_ Name of Family Doctor: \_\_\_\_\_  
Other: \_\_\_\_\_

The above named student has my consent to travel with this campus/organization. I understand that the students will be supervised while en route, participating, and during unscheduled time and that normal precautions will be taken in their interest for safety and well being. I agree to release the Brownsville Independent School District and its employees and sponsors, from all legal responsibility and liability on this trip. I understand that any student who does not conduct himself/herself properly will be sent home at the parent's expense.

**List 2 people (18 years or older) who may assume care of your child if you are unavailable:**

Name	Phone Number	Work Number	Relationship

**Authorization Signatures**

Signature of Parent/Guardian: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

BISD, an equal opportunity employer, does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.