

Typhoon Texas Waterpark - Student Permission Form

Trip Date: Saturday, May 13, 2023

THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED BY Friday, May 5.

I hereby give my permission for my child to attend the Spring Trip on Saturday, May 13, 2023. I also hereby release Belton ISD and its teachers and staff from any liability should an accident or injury occur while on or as a result of the trip.

My child understands that any behavior which reflects poorly on BMS will result in disciplinary actions and may result in having them being assigned to a chaperone during the trip, or having an early parent pick up at their own expense.

MEDICAL AUTHORIZATION

During my absence, _____ (print student's name), has been placed in the temporary care of the **BISD Staff** who is empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident, or illness involving my child. This statement serves as authorization for such medical care to be administered during the following period of time:

Beginning Date: 05/13/2023 Ending Date: 05/13/2023

In the event that further medical consultation is required, the physicians who have most recently examined my child are:

_____ Phone # _____.

_____ Phone # _____.

Medical Insurance Provider: _____.

In case of emergency, the following person are also authorized to give consent for treatment if I cannot be contacted:

Name: _____ Relationship: _____.

Phone: _____.

Name: _____ Relationship: _____.

Phone: _____.

I understand that if my child needs to carry emergency medication, such as an Epipen, asthma inhaler, or diabetic supplies, or if my child needs to receive medication while on a school trip, I must follow Belton ISD guidelines and complete the proper authorizations with the school nurse before the trip, and that the school nurse will provide BISD staff with the proper training to administer this medication to my child.

I also understand that I will need to provide the school nurse information concerning any special health conditions that my child has and that the school nurse will share health information with my child's **BISD Staff Member** if they need to know how to respond to any health needs they might have.

I have completed the above information accurately and honestly, and give permission for the trip directors to seek any medical treatment for my son/daughter. I understand that every reasonable effort will be made to contact me before treatment is begun.

Parent/Legal Guardian: _____ Signature: _____ Date: _____.

Please Print