2016 – 2017
Mesquite High School
Choral Department
Travel Release and Permission for Medical Treatment

Student: LAST NAME _____

Student: FIRST NAME _____

Address: _____City:_____Zip: _____

Home Phone: _____ Parent Cell Phone:_____

Family Doctor: _____ Phone: _____

Health Insurance Carrier: _____

Insurance Group or ID # :_____

Please list/describe any specific health problems or medical information that might be relevant in case of illness/accident: _____

_____

By my signature, I hereby grant permission to Mesquite ISD and/or its employees to consent to medical treatment for the above named student in the event medical attention becomes necessary and I cannot be contacted. This authorization includes the authority to sign releases on my behalf for medical services. The foregoing to whom I give such authority is an educational institution in which my child is enrolled.

I/We, the parents or guardians of the above named student, in consideration of the Mesquite ISD agreeing to take my child on school sponsored trips, hereby give my/our approval to his/her participation therein. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Mesquite ISD, as well as its teachers and sponsors, from any claim arising out of an injury to my/our child, whether said injury occurs at such field trip or while being transported to or from the same.

_____ _____

Parent/Guardian Signature Date