

BYRON P. STEELE, II HIGH SCHOOL  
TRAVEL PERMISSION FORM FOR SCHOOL ACTIVITIES

\_\_\_\_\_ has permission to attend and participate in  
(Student's Name)

UIL ACADEMIC EVENTS, during the 2011-2012 school year at  
(Event) (Date)

Various locations. Transportation is specified below. Please initial all that apply.  
(Place)

\_\_\_\_\_ I agree to allow my child to travel with a group or individual associated with the District, and agree to assume any and all liability and hold the District, its Trustees, employees, and agents harmless from all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her participation in this trip. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

\_\_\_\_\_ I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas Law.

\_\_\_\_\_ In the event of an accident or illness I authorize a representative of the Schertz-Cibolo-Universal City Independent School district to obtain medical treatment for my child. I further understand that while attending this event my child is a representative of Steele High School and must adhere to all school rules and regulations. If my child displays conduct that is disruptive or detrimental to the program, he/she will be subject to immediate withdrawal from the program for the remainder of the school year and possible suspension from school.

\_\_\_\_\_ I will provide transportation to and from the school and the student will travel in school provided transportation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Telephone #

\_\_\_\_\_  
Emergency Telephone #

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

Comments:

***You will be notified of specific locations and dates of travel.***

Student ID _____	Grade Level _____
Event(s) participating in (check all that apply)	
<u>Journalism Events</u> <input type="checkbox"/> Headline <input type="checkbox"/> News Writing <input type="checkbox"/> Feature Writing <input type="checkbox"/> Editorial Writing	<u>Debate and Speech</u> <input type="checkbox"/> Lincoln-Douglas Debate <input type="checkbox"/> Informative Speaking <input type="checkbox"/> Persuasive Speaking
<input type="checkbox"/> Accounting <input type="checkbox"/> Computer Applications (BCIS) <input type="checkbox"/> Computer Science	<input type="checkbox"/> Poetry <input type="checkbox"/> Prose Writing <input type="checkbox"/> Spelling and Vocabulary <input type="checkbox"/> Social Studies <input type="checkbox"/> Current Events &
<input type="checkbox"/> Calculator Applications <input type="checkbox"/> Mathematics <input type="checkbox"/> Number Sense	

**Please Print**

**Emergency Consent**

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Birth date: \_\_\_\_\_

**If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_ I do not carry health insurance.

Please list any known allergies.

I am allergic to: \_\_\_\_\_

Known Reactions: \_\_\_\_\_

Do you use an epi-pen for any of these allergies? YES NO

Do you have Diabetes Mellitus? YES NO

If Yes, do you require insulin injections, other medications, or food? YES NO

Please List: \_\_\_\_\_

In case of diabetic emergency, what instructions do you want us to follow for your child? \_\_\_\_\_

**Medication Permit:**

SCUCISD licensed athletic trainers, coaches, and team physician are hereby given consent to administer non-prescription medications to the above designated **High School** student athlete. Consent is also given to administer prescription medication to the above student athlete when such medication is brought to school in the original prescription container along with a written note from a parent or guardian. \_\_\_\_\_yes \_\_\_\_\_no