

Student's Name: _____

Anderson High School Band Medical Release / Private Transportation Permit

We (I) are the parents (legal guardians) of _____,
a child enrolled in the Austin Independent School District.

We (I) hereby grant permission for the student named above to travel by a vehicle driven or operated by an employee of the School District acting within the scope of his or her duties, or gratuitously by individuals or by an independent contractor. This transportation may be a privately owned vehicle or a privately owned charter bus.

We (I) accept responsibility to determine that the transportation provided is safe and reasonable for the purpose intended. We (I) agree that the Austin Independent School District, its officers, trustees, and employees are not negligent in their choice of the transportation and that we (I) have freely chosen the transportation provided herein. We (I) understand that we have the option to provide our own transportation method.

We (I) hereby waive, release and discharge the Austin Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the Austin Independent School District and its employees from all claims for loss, damage or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of the Austin Independent School District or its officers, agents, employees, or otherwise.

We (I) give our (my) permission to the Anderson High School Band Directors or designated personnel to seek emergency medical assistance for my child in the event that it becomes necessary while traveling with the Anderson High School Bands during the _____ - _____ school year.

Emergency Contact Person: Name: _____

Phone: _____

Medical / Allergic Information: _____

Health Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Physician's Name: _____ Phone Number: _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name (printed): _____

Students who do not have medical release forms on file will not be allowed to travel with the organization. Students who endanger the health or welfare of themselves or others will be sent home immediately at their parent's expense.