



201 CHARGER BLVD • BOERNE, TEXAS 78006
 (830) 357-2735 • israel.aviles@boerne-isd.net
 WWW.CHAMPIONTHEATRE.COM



Parent Waiver and Release of Claims and Consent for Medical Treatment and Student Travel

I am the parent, guardian, conservator, foster parent or other person having custody of the following student(s):
 _____ . I give my express consent for my
 son/daughter to participate in the following event, activity, and/or travel:

Boerne-Samuel V. Chmpion High School Theatre trips and activities occurring August 1, 2019 thru July 31, 2020

I acknowledge and understand that by law a school district is generally immune from liability except for those situations that involve the application of excessive disciplinary force or where property or person are harmed or damaged through the negligent use of a motor vehicle operated by the Boerne Independent School District. I, therefore, understand that the Boerne ISD is not under any circumstances responsible for injury or harm to my son/daughter and damage to or loss of his or her property unless legal exceptions would somehow apply. I also acknowledge that the Boerne ISD does not provide independent medical insurance for this event, activity or travel and is not legally responsible for my child's medical expenses under any circumstances.

I am aware that, should the world situation make it necessary for the administration of the BISD to cancel student travel, or if my child becomes ineligible to participate in the trip, the school district assumes no financial responsibility for any monies lost due to this action.

In regards to the above trip/activity, I release and discharge the Boerne Independent School District, its employees, officers, agents and assigns from all claims which I may have or which my heirs, administrators, or assigns may have or claim to have against Boerne ISD, its employees, officers, agents and assigns for all personal or property injuries caused by or arising out of the above-described trip/activity.

Finally, I authorize the sponsor(s) to consent to medical treatment of my child or ward in the event of medical emergency.

I have read this Waiver and Release of Claims and Consent for Medical Treatment and understand all of its terms and conditions. I execute this Waiver and Release of Claims and Consent for Medical Treatment voluntarily and with full knowledge of its significance.

 Print Name of Parent or Guardian

 Signature of Parent or Guardian

 Date

 Address

 Phone Number

Please complete the attached medical information sheet



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Student Medical Information

Student Name: _____

Student Birthday: _____ Student Social Security #: _____

Student ID#: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Physician Name: _____ Phone Number: _____

Important Medical Information (drug or food allergies, special medical conditions, medications, etc.): _____

Insurance Information

Insurance Plan Name: _____ Insured's Name: _____

Insurance Phone Number: _____

Group Name: _____ Group Number: _____

Member Number: _____ I.D. Number: _____

Plan Number: _____ Additional Information: _____

Please attach a copy of your insurance card (front and back).