

# BRAZOSWOOD CHOIR/ROTC/Orchestra - TRAVEL & TRIP (Policy Form 2018)

I, \_\_\_\_\_ (PRINTED Full Student Name), pledge to abide by all student policies of the Brazosport Independent School District and of the Brazoswood traveling organizations during the entire duration of the upcoming Spring trip. I understand that I am governed by the same rules on this trip as when I am at school, including the right for our director or their representatives to search rooms, luggage, and/or persons should the director determine that there is reasonable cause or should any situation arise which might bring potential harm or danger to any member or group of members of the Brazoswood Choirs/AFJROTC/Orchestra.

School ID Number	Student Signature	Birthdate	Grade
Student e-mail: _____ @ _____			
Parent e-mail: _____ @ _____			
Other e-mail: _____ @ _____			

=====  
 We (I), the undersigned parent(s) or legal guardian(s) of this student understand and agree that this Brazoswood High School Choir/ROTC/Orchestra trip is a function of and the responsibility of the Brazosport ISD. This trip is a school-sponsored activity and function. I further realize that should my child fail to honor the above pledge or fail to fully obey any rule or regulation of this trip, disciplinary action could be taken, **including the possibility of my child being sent home from this trip at the parent's expense.**

The guidelines and rules for this trip are designed to insure the safety and well being of each of the students on this trip. Violation of any of these rules including curfew and "lights-out" will result in the immediate removal of the student from the trip. The student in question will be required to return to Lake Jackson immediately on the first available commercial airline and by ground transportation provided by the parent or guardian signed below. The student and their guardian will pay all costs for the removal of a student from this trip. Remember that airline tickets purchased on short notice and for flights that are not part of the tour can be very expensive (\$200.00 per ticket), so please follow all rules. Please remind the students that they will be removed at the first rules violation of any type (not the second or third violation). Examples of rules violations might include, but are not limited to the following:

1. Leaving the Hotel or any scheduled activity without the specific permission of Mr. Few.
2. Breaking curfew in any manner (including being out of your assigned room or engaging in any activity in your room that violates school rules, choir rules or the bounds of good taste. Destructive or disruptive behavior of any type will be considered a rules violation and treated as such).
3. Failure to immediately follow any of the rules or guidelines given by Mr. Few or any of the chaperones during this tour.
4. You may be removed from this tour for behavior or actions that are deemed by Mr. Few as disruptive, destructive, rude, or contrary in any fashion to the positive completion of this trip.
5. Failure of a student to meet with his/her group at any time specified by Mr. Few or the chaperones.

NOTICE - Mr. Few will make all decisions concerning the removal of a student from this trip. His decisions are final and not open to discussion or debate by any student or person not directly employed by the Brazosport Independent School District.

Parent Signature	Date	Cell Phone	Other Phone
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**DO NOT FORGET TO COMPLETE AND SIGN BOTH SIDES – NO FORM MEANS NO TRAVEL**

# MEDICAL TREATMENT FORM (Medical Form 2018)

If in the judgment of any representative of the school or of any adult member of this trip, the above student should need any necessary medical treatment as a result of any injury or sickness, I do hereby authorize school representatives to consent to all necessary medical treatment. I understand that school representatives will make every reasonable attempt to contact me before consenting to emergency medical care for the above named student unless, because of the need to obtain emergency medical care, such attempts jeopardize the health of the above student. I acknowledge that the organization travels with a "medical supply kit" that contains basic over-the-counter items for headache, upset stomach, blisters, sunburns, motion sickness and similar types of minor discomfort or symptom relief. I acknowledge and agree that these types of items may be given without additional notification and are available to the student through the supervision of the adult chaperone for that bus. I agree to be responsible for all expenses for such medical care (unless otherwise covered by school or student insurance). This authorization to consent to medical treatment is effective at any time that the above student is in the custody and/or control of school representatives and/or at any time that the student is participating in this organization's activities.

Student's PRINTED Full Name \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

- |  | YES   | NO    |
|--|-------|-------|
| 1. During the past 12 months:  |       |       |
| a. Was he/she hospitalized? .....  | _____ | _____ |
| b. Did he/she have any injuries requiring medical attention? .....   | _____ | _____ |
| c. Did he/she have any serious illness? .....  | _____ | _____ |
| 2. Does he/she take any medication regularly? .....  | _____ | _____ |
| 3. Do you know of any reason why there should be any limits on this student's activities on this trip? ..... | _____ | _____ |
| 4. Has he/she ever had a concussion or been "knocked out"? .....   | _____ | _____ |
| 5. Is he/she under a doctor's care? .....  | _____ | _____ |
| 6. Has he/she ever had a convulsion? .....   | _____ | _____ |
| 7. Is he/she missing any paired organ (eye, kidney)? .....   | _____ | _____ |
| 8. Are there any health problems that we should know about? .....  | _____ | _____ |
| 9. Any known allergies to medication? .....  | _____ | _____ |
| 10. Are there any religious or personal limitations to the health care given to this student? .....          | _____ | _____ |

If the answer to any of the above questions is **YES**, please give complete details below: (Attach sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

Are you covered by hospitalization insurance? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

Policy carried through work \_\_\_\_\_

Individual policy \_\_\_\_\_

Name and Address of place to mail claim form:

\_\_\_\_\_

\_\_\_\_\_

Please give the name and phone of the nearest responsible party should we not be able to contact you .....

_____	_____	_____	_____
name	phone	name	phone

Family Doctor : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_

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

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

City/Zip: \_\_\_\_\_

HOME PHONE : \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

MOTHER WORK (CELL): \_\_\_\_\_ FATHER WORK (CELL): \_\_\_\_\_

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