



**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 High School Theatre trips and activities occurring July 2022 through June 2023**

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 persons 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**

**Student Medical Information**

Student Name: \_\_\_\_\_

Student Birthday: \_\_\_\_\_ 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).**

**Boerne High School Theatre**

1 Greyhound Lane, Boerne, TX 78006 · 830-357-2275  
BoerneHSTheatre.net · Jenna.Stephenson@Boerneisd.net