

ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

PERMISSION FORM, WAIVER OF LIABILITY AND RELEASE OF CLAIMS

By signing below, as the parent or guardian of the student listed below, I acknowledge and agree to the waiver of liability and grant permission for: (print name of student) \_\_\_\_\_ to attend all approved extracurricular travel with the Odem High School Bands. I understand that student must obey the sponsors and all school rules and may be disciplined for behavior while on school sponsored trips. I also understand the ODEM-EDROY INDEPENDENT SCHOOL DISTRICT, its employees, and/or sponsors, are not liable for injuries suffered by students while on any school sponsored trip, except for use and operation of a motor vehicle or as otherwise provided by law. The parent/guardian by signing below grants permission for the employees to secure needed medical services for the above-named student if necessary. Said parent or guardian agrees to be financially responsible for the medical services.

For and in consideration of my child or ward being permitted to continue the activity noted above, I hereby release and discharge the Odem-Edroy Independent School District, its trustees, administrators, teachers, coaches, employees, officers, agents, volunteers and assigns, all both in their official and in their individual capacities, from any and all claims or causes of action for personal injury or property damage, whether to myself/ourselves or to the student named above, caused by, arising out of or in any way related to the above-described activity.

**THIS RELEASE EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF ODEM-EDROY INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, COACHES, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS, ALL BOTH IN THEIR OFFICIAL AND IN THEIR INDIVIDUAL CAPACITIES, OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. I FURTHER AGREE AND COVENANT TO NOT SUE ODEM-EDROY INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, COACHES, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS OR ASSIGNS FOR SUCH CLAIMS OR CAUSES OF ACTION.**

I have read this Permission Form, Waiver of Liability and Release of Claims and understand all of its terms and conditions. I execute this Permission Form, Waiver of Liability and Release of Claims voluntarily and with full knowledge of its significance. Finally, I acknowledge and agree that this Permission Form, Waiver of Liability and Release of Claims remains in effect until I deliver written notice to the Superintendent of Odem-Edroy Independent School District that I am withdrawing my permission.

DATE: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Student)

**EMERGENCY CONTACT INFORMATION**

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

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

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# ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

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## MEDICAL CONSENT FORM

As the parent/legal guardian of \_\_\_\_\_, I request that while my child is traveling or performing with the Odem-Edroy band and in my absence, should the above-named child or adult be admitted to any hospital or medical facility for diagnosis and treatment, I request and authorize physicians, nurses, dentists, and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above-named individual. I have not been given any guarantee as to the results of any treatment if performed on the above-named individual.

I understand any financial responsibilities for my child for medical expenses are not covered by Odem-Edroy ISD insurance and are the obligation of the student/participant and his/her parent/guardian.

In the event that the above-named student is presented for, or requires medical treatment or surgery or any other form of medical care or aid, I, parent/legal guardian of the above-named student, do hereby authorize the Directors/Sponsors/chaperones to be consulted with, and consent to, any medical treatment or care deemed necessary by any doctor, nurse or other medical personnel. I also guarantee payment of all charges incurred for medical treatment such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

This form must be signed and returned to the Odem Band Directors before the student will be permitted to participate in any off-campus activity.

*Any representative of Odem-Edroy ISD or sponsors are designated to act on my behalf until I have been contacted and withdraw my permission.*

Date of Birth \_\_\_/\_\_\_/\_\_\_ for the above-named individual.

Date of last Tetanus Booster \_\_\_/\_\_\_/\_\_\_ for the above-named individual.

List known allergies and reactions of the above-named individual, including any allergies to medicine:

\_\_\_\_\_  
Note other special medical problems about the above-named individual.

\_\_\_\_\_  
List medications, prescription and over the counter, the above-named individual will bring with them. STUDENTS MUST BRING PRESCRIPTION DRUGS IN THEIR ORIGINAL CONTAINER WITH DOSAGE REQUIREMENTS.

\_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Names of Parents/ Legal Guardians: \_\_\_\_\_

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

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

Phone: H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Person Responsible for Medical Charges (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Other Person to Notify if Parent/Legal Guardian is unavailable: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

IDENTIFY YOUR INSURANCE COMPANY AND PROVIDE A COPY OF THE INSURANCE CARD WITH THIS DOCUMENT:

Insurance Company: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# BEHAVIOR AGREEMENT

Students, even when off campus, are still subject to the school rules and regulations when participating with the Odem HS Band. I understand that any student who does not conduct himself/herself properly may be:

- (1) sent home at the parent's expense;
- (2) prohibited from participating in future activities of this organization; and/or
- (3) subject to other appropriate disciplinary action.

I, \_\_\_\_\_ [student name] agree to comply with the rules, policies, Code of Conduct and regulations of Odem-Edroy ISD, teachers, and chaperones. I understand inappropriate action (such as bringing, purchasing, or using drugs or alcohol) during any event or trip will result in immediate removal from the Band. I also understand that at the discretion of the sponsors that I may be dismissed from the trip for violations described in the Band Code of Conduct and OEISD Code of Conduct and that any costs associated with my early return will be borne by my parent/Guardians.

By signing this document, the parent and/or legal guardian releases the Odem-Edroy Independent School District and the Odem HS Band directors, chaperones, volunteers, etc. from any and all claims resulting from the injury of the above-named student or the loss of property of the above -named student while participating

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_