

The Briarwood Middle Upper School
BUS TRANSPORTATION RELEASE – 2018-2019

For the purpose of the below named Briarwood Student to attend and participate in any Field Trip or Off Campus program being held by The Briarwood School, Houston, Texas during the 2018 - 2019 School Year.

Student

Grade

Medical Alerts: _____

We, the undersigned, understand Briarwood School will make every effort to contact the emergency telephone numbers provided below in the event medical treatment is needed; however, if unable to do so, we hereby grant Briarwood School permission to approve emergency medical treatment needed by my child.

We may be reached at these telephone numbers during the above event:

Name/Phone Number

Name/Phone Number

Medical Insurance Company and Policy Number

Hospital Preference

Parent/Guardian Signature

Date

We, the undersigned parents and/or guardians of said minor child, do hereby release and hold harmless the Briarwood School and all individuals participating in the above program from any and all damages which may be suffered by the participant due to injuries resulting from the participation of said minor child in this program.

The undersigned agree that they will not make a claim to enter suit against this school or individuals participating therein for any injuries sustained to said child.

Parent/Guardian Signature

Date