



THE BRIARWOOD LOWER SCHOOL
2018-2019 Field Trip Release

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

Student _____ Homeroom _____

Serious Allergies (diet/food, insect bites, etc.): _____

Limitations/Restrictions: _____

We may be reached at these telephone numbers:

Name/Phone Number _____ Name/Phone Number _____

Family Doctor/Phone # _____

Other Emergency Contact/ Phone # _____

Medical Insurance Co./Policy/Phone # _____

Hospital Preference/Phone # _____

The Briarwood School will make every effort to contact 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 medical treatment needed by my child.

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 illness or injuries resulting from participation of said minor child in this program.

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

Parent/Guardian Signature _____ Date _____

