



***BROWNSVILLE INDEPENDENT SCHOOL DISTRICT  
2021 SUMMER RECREATION PROGRAM***

**PARENT OR GUARDIAN'S PERMIT**

I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER

\_\_\_\_\_ TO PARTICIPATE IN THE  
SUMMER RECREATION PROGRAM SPONSORED BY THE BROWNSVILLE  
INDEPENDENT SCHOOL DISTRICT.

I HERE WITH GRANT PERMISSION FOR SCHOOL EMPLOYEES  
SECURE MEDICAL SERVICES FOR THE ABOVE NAMED PARTICIPATE IF  
NECESSARY, BUT ASSUME ALL RESPONSIBILITY FOR MY  
SON/DAUGHTER'S MEDICAL EXPENSES.

IT IS UNDERSTOOD THAT NEITHER THE BROWNSVILLE  
INDEPENDENT SCHOOL DISTRICT NOR THE INSTRUCTORS ASSUME ANY  
RESPONSIBILITIES IN CASE AN ACCIDENT OCCURS. THE UNDERSIGNED  
AGREES TO BE TOTALLY RESPONSIBLE FOR ANY AND ALL EXPENSES  
THAT ARE NECESSARY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER / CELL NUMBER

\_\_\_\_\_  
PHONE NUMBER IN CASE OF EMERGENCY

*BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.*