

PARENT CONSENT FORM FOR SCHOOL-SPONSORED TRIPS

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

_____ (name of activity/event)
_____ (sponsoring group, club, or class)
_____ (name of adult sponsor)
_____ (location)
_____ (departure and return dates/times)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that the sponsor(s) will attempt to provide necessary supervision during the course of the trip.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School District and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

Signature of Parent/Guardian

Date

*Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Medical Treatment. Parents/guardians are requested to advise sponsors **in writing** of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g. known drug allergies).