

PARENT CONSENT FORM FOR  
SCHOOL-SPONSORED TRIP

FMG  
(EXHIBIT)

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

8<sup>th</sup> Grade Field Trip (Activity)

8<sup>th</sup> Grade Administrators (Sponsoring Group)

Emily Auffarber (Sponsor)

Schlitterbahn Galveston Waterpark (Location)

May 17, 2017 9:00am to 3:00pm (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 I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School 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.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency 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).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

REVIEWED: 06/23/09

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**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT  
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY**

**EXHIBIT F**

School Name Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

(Last) (First) (Middle)

Student's Address: \_\_\_\_\_

(Street) (City) (Zip)

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

(Street) (City) (Zip)

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

*In case of minor illness or injury, if parent cannot be reached, notify (Must be 21 years or older)*

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

*Pre-existing medical conditions or allergies:* \_\_\_\_\_

*Prescription medication currently taking or emergency medication:* \_\_\_\_\_

*In case of an emergency, please take my child to the nearest medical facility for emergency care.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Photocopy of current medical insurance card preferred. Additional parent comment on back please.

**\*\*UIL Boys and Girls Physician's and Parent's Certificate may be used for Athletics and Drill Team**

REVISED: 05/17/13