

Smithson Valley High School Parental Permission Form

Event Description

Event _____

Sponsors' Name(s) _____

Club or Organization _____

Date(s) of Event _____

Leave Time _____

Return Time _____

Transportation provided by CISD Parent/Guardian – Name: _____**Permission to Attend**

This is to certify that _____ (student name) has my permission to attend the above described event.

I understand all rules and regulations listed in the Student/Parent Handbook and all other school policies are in effect on all school trips. The teacher or sponsor may add additional rules. (i.e. no girls in boys' rooms, curfews, additions to the dress code, etc.) If you have any questions or concerns regarding the trip, feel free to call the teacher sponsor at (830) 885-1000.

Medical Release

The above named sponsor(s) have my permission to take my son/daughter to a hospital or physician if an emergency should arise. This teacher or sponsor is authorized to give consent for treatment as deemed necessary or appropriate.

Liability Release

I hereby release Smithson Valley High School, Comal ISD, and/or their agents from any liability for injuries or fatalities suffered by my child while he/she is under supervision of a teacher or sponsor on the particular activity.

Contact Information

Mailing address: _____

Street or PO Box

City

State

Zip

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Doctor: _____ Phone: _____

Preferred Hospital: _____

Any known medical conditions (allergies, chronic illness, handicaps, etc) _____

Signature

Parent/Guardian Signature: _____

Note to Teachers/Sponsors: This form should be in your possession during the course of this activity and filed with the assistant principal upon your return.