

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED FIELDTRIPS**

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)
_____ (date/time)

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). [See FFAC(EXHIBIT A)]
- 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 group after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian