



Together... We Build Tomorrow!

**CLINT INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

Out-of-Town Student Permission Form

School Activity: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Student's Address: _____

Home Phone Number: (915) _____

Father's Business Phone: (915) _____

Mother's Business Phone: (915) _____

Please give the following information about your medical insurance:

Name of Insurance Company: _____

Policy Number: _____

Please check if your son/daughter has any of the following health conditions:

Heart Condition: _____ Allergies: _____ Epilepsy: _____ Asthma: _____ Diabetes: _____

Other: _____

Is your son/daughter taking medication? No _____ YES _____ If yes, please give the name of the medication and the dosage.

Is your son/daughter allergic to any medications? Please list: _____

We, Mr. and Mrs. _____ parents/legal guardians of _____

Give permission for him/her to participate in the above named activity. We also give permission for a sponsor/representative of the district to give consent to a physician and/or hospital for medical and/or surgical treatment in the event of a medical emergency during the trip. We understand that all necessary precautions will be taken to ensure a safe trip. However, we will not hold the district and/or its representative liable in the event of an accident. We also understand that we the parents/legal guardians are responsible for any expenses incurred as the result of obtaining medical treatment. I understand that if my child breaks any of the rules established by the school or district during this trip, he/she will be sent home on the next airline flight or ground transportation at my expense.

Date

Signature of parent or legal guardian

I understand, and will follow the rules set forth for this trip by the district and/or the campus sponsors.

Date

Signature of student