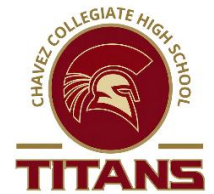


Chavez Collegiate High School

Associated Student Body



PARENT PERMISSION FORM

DIRECTIONS: Before any member of a club, class, or sport within the ASB can participate in a special trip or activity, this parent permission form must be completed and given to the advisor of the group prior to the date of the activity. Please note:

TRIP INFORMATION:

1. Under no circumstances should a student who has not returned a completed ASB parent permission form be permitted to participate in a special trip or special activity.
2. Under no circumstances should a student serve as their own driver, nor should a student or other non-adult be permitted to serve as a driver of a vehicle in which other students will be passengers.
3. Under no circumstances should a non-employee provide transportation for students without first completing an ASB Driver Certification Form and submitting it to the advisor prior to departure.
4. Under no circumstances should a school employee provide transportation for students without first completing an ASB Driver Certification Form and submitting it to the Director of Student Activities prior to departure.

CURRENT DATE: _____ ☐ Special Trip ☐ Special Activity

STUDENT NAME: _____ ID #: _____

CLUB/SPORT NAME: _____

ACTIVITY: _____ DATE(s): _____

LOCATION/DESTINATION: _____

TYPE OF TRANSPORTATION: _____

TIME & PLACE OF DEPARTURE: _____

TIME & PLACE OF RETURN: _____

ADVISOR/SUPERVISOR(S): _____

By signing your name in the space provided below, you indicate to the authority of Chavez Collegiate High School that you give your permission for your son/daughter to attend or to participate in the activity described above.

1. I understand that all the rules and regulations of Chavez Collegiate are to be adhered to by my son/daughter.
2. In case of an emergency, I authorize a representative of Chavez Collegiate to take my son/daughter to the nearest hospital for medical attention and to initiate any medical attention deemed necessary by authorized medical personnel.

Parent/Guardian Signature & Date

Parent phone #

Student Signature & Date

Student Phone #

Emergency Contact Name

Emergency Contact Phone #