Mathis Independent School District

VERONICA GUTIERREZ,ACTING SUPERINTENDENT

"Anchored in Excellence "

PARENT REQUEST AND RELEASE FORM

Form must be submitted to an authorized personnel in charge of the event/trip.

Please allow my child_____ to be released to their parent/guardian
STUDENT'S NAME

_____ from _____on _____
PARENT/GUARDIAN'S NAME PLACE OR ADDRESS DATE

for the purpose of_____

_____

_____.

I accept full responsibility for his/her actions or any accidents that occur after he/she is released.

_____ _____
DATE PARENT/GUARDIAN SIGNATURE

_____ _____
DATE Authorized Personnel

If a situation should arise, that another adult needs to pick up my son/daughter, I authorize and give my consent for _____to do so.

Form must be submitted to an authorized campus administrator 24 hours prior to the event/trip.

I hereby agree to waive all claims and hold harmless the District, its officers and employees from all claims arising from their reliance on this consent form.

_____
PARENT SIGNATURE

THE STATE OF TEXAS, COUNTY OF_____

Before me, Notary Public, on this day personally appeared_____
Known to me or proved to me on the oath of_____ to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this_____day of _____, A.D._____.

_____
Notary Public, State of Texas

_____
Print Name of Notary Public Here