

CANTON JUNIOR HIGH TRAVEL RELEASE FORM

SPONSOR / FIELD TRIP _____

I _____, do pledge to uphold all student policies and the high standards of the Canton ISD. I understand that I am governed by the same rules on any sponsored trip or activity as if I am at school. I understand that possession of, having used, or being under the influence of drugs and / or alcohol are prohibited and the school’s authority to enforce the policy includes the right to inspect personal belongings. I understand that any infraction will be dealt with according to Canton ISD Code of Conduct guidelines and may result in my being sent home immediately at my parents /guardians’ expense from a trip or activity.

(Student’s Signature) (Age) (Date of Birth)

I, _____, being the legal parent / guardian of, _____, a member of Canton Jr. High School student _____ body, give my full permission for my child/ward to attend any sponsored and/or related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the Canton ISD Canton Jr. High School and their administrative/faculty personnel. I further consent to the treatment of _____ by medical facilities of a Public Health service or civilian physician/medical facility as required in the event of any illness/accident arising. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

MEDICAL INFORMATION

My son/daughter/ward has been determined to have the following allergies:

He/she requires medication for the treatment of _____

Our family doctor is _____

In case of emergency, he/she may be reached at _____

We are covered by hospitalization through _____

(Witness other than a relative) Name of Insurance Company

(Address) Signature of Parent/Guardian

(City, State, Zip Code) (Address)

(Home Phone Number)

(Work/Cell Phone Number)