

PERMISSION FORM Goose Creek Special Olympics BAYTOWN, TEXAS

Date 8/2017

Sponsor/Instructor: Stacy Saxon / Elizabeth Phillips

Nature of Trip: Special Olympics Events/Competitions

Date(s) of Trip: 8/2017 - 6/2018

Destination: Multiple places

We, as parents, have discussed this trip with, _____

(Name of Student)

and have given our permission for him/her to make the trip and participate in the Goose Creek Consolidated Independent School District transportation.

(Name of Student)

has assured us that he/she will conduct himself/herself in such a way as to give credit to our school and community. We know this is an approved school trip, and we understand that school rules of conduct will apply throughout the trip. We are also aware that the district policy on dress is required for this trip. It is understood that precautions will be taken in the interest of the student's safety and well-being. We agree that the faculty members, sponsors, and other adult chaperons who are going will not be held responsible for any accident or misfortune which might occur in connection with the trip. The faculty member or sponsor has my consent to give permission for any emergency medical treatment needed for my student.

You may be assured that, ______, is being allowed to take this trip with our full consent.

(Name of Student)

This "permission slip" shall relieve the Goose Creek Consolidated Independent School District Board of Trustees, Administration, and Staff of any responsibility for financial losses or personal injury, impending death, or damages arising from incidents associated with any trip outside the district and must be on file prior to departure.

(Signature of Parent or Guardian)

As a student of, Stacy Saxon / Elizabeth Phillips (Special Olympics) I have read this and will abide by these requirements.

(Signature of Student)

Emergency Telephone Number_____

