Canyon Lake High School

Parental Permission Form

**Event Description**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event** | Project Graduation 2018 | | | |
|  | |  | | |
| **Sponsor’s Name** | | CLHS PTSA / Project Graduation Committee | | |
|  | |  | | |
| **Club or Organization** | | PTSA | | |
|  | |  | | |
| **Date(s) of Event** | | June 2, 2018 | | |
|  | |  | | |
| **Leave Time** | | 10:00pm on June 2, 2018 | | |
|  | |  | | |
| **Return Time** | | 6:00am on June 3, 2018 | | |
|  | |  | | |
| **Transportation Provided by:** | | | CISD  Parent/Guardian | |
|  | | | Name: |  |

**Permission to Attend**

This is to certify that       (student’s name) has my permission to attend the above described event.

I understand all rules and regulations listed in the Student/Parent Handbook and all other school policies are in effect on all school trips. The teacher or sponsor may add additional rules (i.e. no girls in boys’ rooms, curfews, addition to the dress code, etc.). If you have any questions or concerns regarding the trip, feel free to call the teacher/sponsor at (830) 885-1700.

**Medical Release**

The above named sponsor(s) have my permission to take my son/daughter to a hospital or physician if an emergency should arise. This teacher or sponsor is authorized to give consent for treatment as deemed necessary or appropriate.

**Liability Release**

I hereby release Canyon Lake High School, Comal ISD, and/or their agents from any liability for injuries or fatalities suffered by my child while she/he is under supervision of a teacher or sponsor on the particular activity.

**Contact Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: |  |  | | |  |  |
|  | Street or PO Box | City | | | State | Zip |
| Mother/Guardian: |  | | Phone: |  | | |
| Father/Guardian: |  | | Phone: |  | | |
| Emergency Contact 1: |  | | Phone: |  | | |
| Emergency Contact 2: |  | | Phone: |  | | |
| Doctor: |  | | Phone: |  | | |
| Preferred Hospital: |  | | Phone: |  | | |
| Any known medical conditions (allergies, chronic illness, handicaps, etc.) | | | | | | |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature: |  | Date: |  |

**Note to Teachers/Sponsors:** This form should be in your possession during the course of this activity. Please file this for the remainder of the school year.