

Travel Release

_____ has my permission to go to Crosby FFA Activities during the 2019-2020 School Year with Crosby ISD and Crosby FFA. Myself and child will read and understand all guidelines and rules that will apply to this trip. We understand that the sponsor and chaperone(s) have the right to search any items that are brought on the trip. Theses searches can occur anytime the sponsor or chaperone see fit in order to protect the entire group. Students that participate in this trip will at all times be under the rules and guidelines set by Crosby ISD and its use of the ZERO TOLERANCE POLICY as stated in the Student Handbook. I understand that myself and child can be held responsible for any damage that may occur due to negligent behavior. I understand that the sponsor(s) in charge can set rules and guidelines as needed to protect the entire group and that if any rules or guidelines are not followed any condition of the following will occur:

1. The parents will be notified of any problem as seen fit by the sponsor(s).
2. The student will be sent home by the safest means possible, as soon as possible, at the total expense of the parent.
3. The student will face disciplinary action as stated in the student handbook.
4. School officials will be notified of the students misconduct
5. The student will be removed from the Crosby FFA Program either on a temporary or permanent basis. This will include the loss of any current officer status and the right to participate in any event through Crosby FFA.

We understand that the Crosby Independent School District, Crosby FFA/Agriculture Department, the sponsor(s), and chaperone(s) cannot be held liable for accidents and that myself and child will be held accountable for actions taken during this trip. This form must be signed by all involved, or the student will not go on this trip.

_____ Parent/Guardian Signature
 _____ Student Signature

_____ Home Phone _____ Work Phone _____ Other

Family Physicians Name and Phone: _____

Allergies: _____

Medical Insurance Information: (Name and Number)

In the event that emergency treatment or surgery is needed, a minor cannot be operated on, without the consent of a parent of guardian. Parents should consider and act at their discretion on the following: I give permission for _____ to receive emergency treatment by a qualified physician in any licensed hospital if the need should arise.

_____ Parent/Guardian Signature ****Please add any additional information on the back***