

Morton CTE 2021 Summer Camp: Field Trip Permission

As a parent(s) or guardian(s) of a student requesting to voluntarily participate in a events/activities, I hereby acknowledge that I have read, understood, and agree to give permission for the following:

X Students will participate in activities and field trips that will provide an opportunity to experience a variety of industry related programs of study.

Student's Name	Purpose
Morton High School	Shonda Cannon, Russell Hill, Keith McCain, Tiffany Smith, Bell Cavezuela, Angelica Soliz
School Name	Staff Name
July 12-July 30, 2021	Must return signed permission slip before leaving campus with CTE Camp
Date of Activities/Trips	Return Permission Slip By

Transportation for CTE Camp will be provided by:

- District bus/vehicle driven by district staff
- Other (walk)

X	X
Student's Address	City, State, Zip
X	X
Parent Phone	Student's Date of Birth
X	X
Family Physician	Physician's Phone

List any medical conditions, medication information or allergies the district should be made aware of:
X

In the event of an emergency, I wish the following person(s) to be notified in case I cannot be contacted:

Name #1	#1 Phone Number	#1 Relationship to Student
x		
Name #2	#2 Phone Number	#2 Relationship to Student
x		

I acknowledge that field trips and activities entail known and unanticipated risks. I agree to hold and save harmless Morton ISD and Employees any claims, suits, or damages which might result from my child participating in the above described event/activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-name student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

In the event it becomes necessary for the school district staff in charge to obtain emergency care for my student, neither s/he nor the Morton Independent School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

My child has medical/accident insurance: (circle one) YES No

I understand that my child must be dressed in school appropriate attire and maintain conduct that will represent MISD positively. I assume responsibility to pick up my child if conduct is in violation with student code of conduct.

Being fully informed, I hereby consent to my child participating in events/activities Morton CTE Camp2021.

Parent(s) Guardian(s) SIGNATURE:	
Date:	
Work Phone:	
Cell Phone:	