



## Parental Consent for School Sponsored Trips

Student Name: \_\_\_\_\_ Student Birthday: \_\_\_\_\_

Circle School:      Burton High      Burton Junior High      Burton Elementary

Destination: \_\_\_\_\_

Trip Sponsor/s: \_\_\_\_\_ Date/s of Trip: \_\_\_\_\_

I hereby give my consent for the above student to travel with representatives of the school on any school-sponsored trips. The student agrees to conduct himself/herself in an appropriate manner that will represent Burton ISD favorably. The student code of conduct will be enforced on all school-sponsored trips. If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent Daytime Phone Number

\_\_\_\_\_  
Parent Cell Number

\_\_\_\_\_  
Student Cell Number (if applicable)

