

**CLINTON PUBLIC SCHOOL DISTRICT**

**P. O. Box 300**

**Clinton, Mississippi 39056**

**PARENTAL CONSENT TO STUDENT ACTIVITY AND RELEASE FROM LIABILITY**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name(s) \_\_\_\_\_

We (I) the undersigned custodial parent(s) of \_\_\_\_\_, a student of Clinton Public School District, am/are apprized of the fact that said student is desirous of participating in an activity designed to enhance and enrich his/her education objectives in the form of:

---

(list activ

By the signature(s) hereto I/we request the permission for the student to participate in said activity and covenant and agree as follows:

(a) By affixing my/our signature(s) hereto it is agreed that \_\_\_\_\_ will obey and follow the instruction of the faculty or staff member of the Clinton Public School District relative to arrival and departure times of all segments incident to the planned activity, and, those instructions and directions related to lodging, meals, transportation and personal conduct during the time period of this activity. The undersigned consent and agree that the District Personnel in charge of the conduct of this activity shall have exclusive determination of the appropriateness of the student's conformity to discipline and shall have sole discretion to cause the student to leave the activity and return home. The exercise of this discretion shall be made with care and reasonable prudence. By our signature(s) hereto, as parent(s) of said student, I/we guarantee and promise that the expense of the return of the student for disciplinary reasons shall be paid by me(us); and shall not be the obligation of the staff member of the School District. In such event, however, that the student should be directed to return to his/her home and the undersigned have not been available to be apprized of the circumstance, and, should the situation be such that the departure of the student is necessary and/or required for the maintenance of good order, discipline or safety of others, then and in that event, the undersigned promise(s) and agree(s) to pay and reimburse the staff or faculty member or the School District for the reasonable expense of transportation, lodging and meals incurred in so returning said student to his/her home.

(b) In the event of the necessity of the rendition of hospital and/or other medical care, treatment and/or confinement in the restoration and/or preservation of the good health of the student, the undersigned empower, authorize and request the staff or faculty member in charge of the activity to seek out and secure the same; and, by those presents, covenant and agree, and do hereby promise to pay the actual, reasonable and necessary cost of medical care, treatment and for hospitalization as performed, and to indemnify and hold the said staff or faculty member and School District harmless from the expenses incurred in said care and treatment of said student.

By the signature(s) affixed hereto and the designation of the name of the issuing company and number of the policy of medical and hospitalization insurance written below, the staff or faculty member is empowered and authorized to execute in our place and stead such medical authorization and/or hospital insurance forms as required to seek and obtain admission of the student to medical care and/or hospitalization.

(c) The undersigned acknowledge and agree that by their signature(s) they understand and concur that neither the staff or the faculty member in charge of this activity nor the Clinton Public School District are guarantors or insurers of the physical or emotional safety of the student in and during participation in this activity and the undersigned acknowledge that the said staff or faculty member and the School District are required only to act in the production of things for the needs of the student and the protection of said student from injury and loss in a careful, prudent and reasonable manner; and, they do hereby acquit, discharge and release those persons and the School District from liability from loss or injury suffered by said student, if any, occasioned by the acts of others and covenant and agree to indemnify said staff or faculty member and School District from said student's loss or injury occasioned by others in the event of later claim against said staff or faculty member or the School District by said student predicated upon such incident.

The information listed below relative to said student and any addresses, telephone numbers, insurance policies and/or alternative persons to notify in the event of emergency are true and correct.

**WITNESS OUR SIGNATURES THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.**

\_\_\_\_\_  
**STUDENT**

\_\_\_\_\_  
**PARENT**

\_\_\_\_\_  
**PARENT**

Student's Residence Address: \_\_\_\_\_

**Emergency Notification and Health Information:**

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (s): \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (s): \_\_\_\_\_

Alternate person to notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Hospitalization Insurance Company: \_\_\_\_\_

**\*\*\*Policy Number:\*\*\*** \_\_\_\_\_

Please list any that apply to your child:

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

KNOWN HEALTH CONDITIONS: \_\_\_\_\_