

**CONROE INDEPENDENT SCHOOL DISTRICT
CRYAR INTERMEDIATE SCHOOL**

Parent Permission for School Sponsored Trip

Student Name: _____ Grade: _____ Student ID# _____

Parent/Legal Guardian Name(s): _____

Parent/Legal Guardian Contact Number: _____

Place: Peet Junior High School

Date/Time: Wednesday May 15th, 2024 at 9:15am

Arrangements: Students will leave from Cryar's campus at 9:15am. A CISD school bus will transport students to Peet Junior High School for their UIL pre-participation physical. The school bus will return to Cryar's campus when all of the Cryar students have completed their physical.

PARENT PERMISSION AND RELEASE: I authorize my child to participate in the trip(s) described above. I hereby release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, including negligence, resulting from any damages or injuries to my child or his or her parents/legal guardians or family members, arising out of or resulting from my child's participation in this trip(s), including transportation to and from the event(s).

I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness. I do hereby agree to indemnify and save harmless the District and any District representative from any claim by any person whomsoever on account of such care and treatment of my child.

Signature of Parent/Legal Guardian

Date Signed