

Jacksboro ISD is proud to offer the opportunity for our students to participate in the _____ [describe event, trip, or activity including the group, destination, and date of departure]. We do not anticipate any injuries, accidents, or unlawful incidents during this event; however, we do ask that you read and sign this form as a condition of participation in the activity.

PARENT CONSENT TO MEDICAL TREATMENT

I hereby authorize the sponsors for this event, on behalf of Jacksboro Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, _____ [name of child or ward].

My child/ward is allergic to _____

My child/ward has the special medical condition of _____

I have read this Parent Consent to Medical Treatment and execute it voluntarily and with full knowledge of its effect.

Parent or Guardian Signature

Date Signed

This instrument was acknowledged before me on _____ day of _____, 20 ____, by _____ [name(s) of person(s) acknowledging].

(Notary Seal)

Notary Public's Signature

The following individuals may be contacted if I am not available in case of emergency:

Name

Phone Number

Name

Phone Number