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 Guardain Signature *Date Signed*

This instrument was acknoledged before me on _____ day of _____, 200 ___, by _____ *[name(s) of person(s) acknowledging].*

_____

Notary Public's Signature

(Notary Seal)

_____

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

_____ _____

Name *Phone Number*

_____ _____

Name *Phone Number*