



CAST SCHOOLS SUMMER STUDIO Parental Permission

I, (Parent/guardian) \_\_\_\_\_ has my permission for my son or daughter

(Student) \_\_\_\_\_ to travel with CAST TEACH HS for the CAST SCHOOLS SUMMER STUDIO AT TEXAS A&M SA -One University Way, San Antonio, TX 78224.

I understand that the CAST Teach students will be bus everyday from STEVENS HS to TEXAS A&M leaving at 8:15 am and returning to STEVENS HS at 3:30 from July 18th through July 22nd.

LUNCH will NOT be provided, students will need to bring their own lunch.

Please PRINT and SIGN to COMPLETE all information on this form and Take a picture or scan and RETURN via email to gabriela.aguilar@nisd.net - Gabriela Aguilar by MONDAY JUNE 13th. You can email Ms. Aguilar in case of any questions.

I will not hold the Northside Independent School District or its employees liable for accidents or injury which may occur while on the above described trip. I further understand that any student participating in any field experience, competition or performing program as a representative of the Northside School or the District (including practice, competition, travel to and from the event, or other related activities) who displays conduct which is disruptive or detrimental to the program including but not limited to, being in possession or under the influence of alcohol, marijuana, hallucinogenic drugs or other prohibited substances of any kind, or attempting to sell, to distribute, or to use said prohibited items on the campus of any school in the District or at any activity as mentioned above will be subject to immediate withdrawal from the program for the remainder of the school year and possible removal from the home school to an alternative program or expulsion from school. (Northside Board Policies, EHAD local, FNCF/FNCE local, FNCG local)

The District does not assume financial responsibility for injuries sustained in any school sponsored event. The District does not carry insurance on students. Before participation in school related activities, parents/legal guardians are encouraged to purchase the Student Accident Insurance made available at the beginning of each school year and throughout the school year.

I, (Parent or Guardian) \_\_\_\_\_, authorize CAST TEACH HS to execute any and all documents necessary for my child, (Student's Name) \_\_\_\_\_ to be treated by a medical doctor or at a medical facility, whether on an emergency or non-emergency basis should it be deemed necessary for his/her care and general welfare.

(Parent or Guardian)

(Date)

(Home Phone Number)

(Emergence Phone Number)