

# Caddo Parish School Board

## ACTIVITY PERMISSION SLIP FOR CPSO'S SHERIFF'S SAFETY TOWN

I, \_\_\_\_\_, voluntarily agree to allow my child, \_\_\_\_\_, to participate in the following activity and hereby relieve the Caddo Parish School Board and the Caddo Parish Sheriff's Office of any and all liability associated with the activity.

**ACTIVITY – CADDO PARISH SHERIFF'S OFFICE SHERIFF'S SAFETY TOWN**

DATE AND DURATION OF TRIP/ACTIVITY – \_\_\_\_\_

DESTINATION – \_\_\_\_\_

MODE OF TRANSPORTATION – \_\_\_\_\_

RESPONSIBLE PERSON(S) – \_\_\_\_\_

Students must return to the same location by use of the same mode of transportation by which they began the trip.

Participation in the above activity is not required and is purely voluntary on the part of each student and his or her guardian. Reasonable precautions will be taken in the interest of safety. It is understood and agreed that neither the Caddo Parish School Board, the Caddo Parish Sheriff's Office nor any of their officers, agents, or employees nor any sponsor of this trip or activity will be held liable for any accident, injury, illness, or damage that might occur to any student or person while on such trip or while participating in such activity. The undersigned student and his or her parent or guardian does hereby expressly release Caddo Parish School Board, the Caddo Parish Sheriff's Office, their employees, their agents, and all sponsors of such trip or activity from any and all liability of every kind, nature, or description for any accident, injury, illness, or damage which may be sustained by such student or person while on such trip or while participating in such activity.

The Caddo Parish School Board, the Caddo Parish Sheriff's Office, and Sheriff's Safety Town operate web sites/pages and utilize social media (i.e. Facebook, Twitter, etc.). The purpose of these is to keep the citizens of Caddo Parish informed of public safety and positive feedback with images promoting community participation in locally offered camps and programs. Your signature below grants the Caddo Parish School Board, the Caddo Parish Sheriff's Office, and Sheriff's Safety Town permission to publish your child's name and pictures and videos of him or her.

The undersigned parent or guardian shall be solely responsible for obtaining any insurance coverage desired. Please indicate if your child has any illness, special medication, or allergic reaction to medication.

I GIVE THE ADMINISTRATORS OF THE SCHOOL PERMISSION AND AUTHORITY TO MAKE PROVISIONS FOR MEDICAL TREATMENT FOR MY CHILD IF THEY DEEM IT NECESSARY.

**Family Physician** \_\_\_\_\_ **Insurance Company** \_\_\_\_\_

**Special Medical Problems/Allergies** \_\_\_\_\_

\_\_\_\_\_  
**Parent's/Guardian's Printed Name**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**