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Release of Liability

High School: _____
Ag Science Teacher Name: _____
Phone Number: _____
Email Address: _____

NAME OF STUDENT: _____

I agree that my child is totally responsible for conducting (him/herself) in accordance with all guidelines established by CCISD personnel.

I accept full responsibility for (my child), and I will not hold CCISD ISD personnel in any way responsible for any accident which might occur during the Agriculture Sciences class and/or during the internship in the veterinary clinic, including bites, scratches, allergies, and/or diseases or infections.

Further, I understand that the Clear Creek Independent School District is no way legally liable for medical or hospital expenses, incurred by my child for injuries sustained while participating in the class. I do hereby agree to hold the district harmless for any such expenses, should they be incurred.

I hereby grant permission for school employees, or a designated mentor, supervisor to secure emergency medical services for my child, as named above if necessary.

I understand that medical insurance against bodily injuries is required by the district, and I hereby elect to have my child insured through:

Name of insurance company _____
Printed name of insured _____
Policy Number _____
Group Number _____

*attach a copy of insurance card (front and back)

Instructions for Seeking Emergency Treatment

Check one:

- _____ Seek most readily accessible quality medical care
- _____ Seek only specified
 - Doctor / hospital preferred _____
 - Phone Number _____
 - Parent / Guardian daytime phone number _____

Provide a brief summary of the student's medical background that could be useful in the event of an emergency (i.e. allergies, limitations on activities, medications, etc.)

Student Signature

Parent Signature

Date