

CHARLES M. RUSSELL HIGH SCHOOL PARENT PERMISSION SLIP

RULES AND REGULATIONS FOR TRAVELING GROUPS

1. Students are expected to conform to the dress for travel that is prescribed by the activity's supervising adult/sponsor.
2. The use of alcohol or drugs (**not** prescribed by a doctor) is not permitted.
3. Smoking or the use of tobacco products is not permitted.
4. Students are to be with the group at all times unless specifically excused by the supervising adult/sponsor.
5. Students cannot, under any circumstances, ride in private automobiles unless specifically arranged prior to the trip.
6. No visitors will be allowed in students' motel rooms unless the supervising adult/sponsor has given his/her prior approval.

If a student is involved in a serious breach of the above expectations, parents may be called to come and take their son/daughter home or to arrange for immediate transportation back to Great Falls. In such a case, the student may be suspended from school and a parent conference required before the final disposition of the case.

**Coaches and/or sponsors may establish additional rules or regulations for their own group. These additions must be cleared with the Principal prior to departure.

Form must be signed and returned to teacher by _____

(cut on dotted line & return bottom half to teacher)

CHARLES M. RUSSELL HIGH SCHOOL PARENT PERMISSION SLIP

_____ has my permission to participate in the
(Student)

_____ (Event)
In _____ on _____
(City, ST) (Event Date)

On all trips, _____ traveling under the direction and authority of the
(Student)
supervisor, will abide by the GFPS & school travel regulations and will be subject to the above stated penalties for violation of these regulations.

No member of the Board of Trustees, GFPS or employee thereof, will be held liable for accident, illness, fatality or medical bills incurred as a result of participation on associated trips.

_____ (Parent Signature) _____ (Date)

Parent consent for medical treatment:

In case of an illness or serious accident, I do give medical authorities permission to treat my son/daughter.

_____ (Parent Signature) _____ (Date)