

Gore Public Schools

1200 North Hwy 10

Gore, OK 74435

918-489-5587

I give permission for my child _____ (printed name) to travel by school transportation and to take part in activities. I give the Coach/Sponsor or adult chaperone the authority to seek medical attention for my child. I understand all medical expenses will be paid by my personal insurance or I. I will not hold Gore Public Schools, the Coach/Sponsor or chaperone responsible for reasonable medical expenses.

My child will be held under the guidelines of the student handbook and faces disciplinary measures for misconduct as well as bound by individual program guidelines.

The driver has my permission to leave my child at the nearest police station if he/she becomes defiant of instructions or is found to have on his/her person or having consumed drugs/alcohol. I understand my child will be required to submit a breathalyzer at any point during this trip by the supervisor. Refusal to submit to the breathalyzer and will be deemed a positive result and appropriate consequences will follow.

Parent Name (printed) _____

Parent Name Signature _____ Date _____

Student Signature _____ Date _____