

Crosby High School
Dual Credit Travel Consent Form

Students who participate in the dual credit programs in partnership with San Jacinto College or Lee College will either ride the bus, drive their own vehicle, or carpool in another student's personal or family vehicle.

Please indicate below the type of transportation your student will utilize during the year for commuting to and from San Jacinto College – North Campus or Lee College – Main and McNair Center.

Student Name _____

College Attending or program _____

_____ Ride Crosby ISD provided bus transportation

If riding the bus, please complete the separate CISD Travel Release and Medical Information Sheet

_____ Drive their own personal/family vehicle

_____ Carpool with another student

Driver's Name _____

We give our son/daughter _____, permission to utilize the above indicated transportation to and from San Jacinto College North or Lee College. We understand that Crosby ISD cannot be held liable for accidents.

If at any time during the year the mode of transportation changes, please contact Mrs. Hoy to complete a new form.

Parent Printed Name _____

Parent Phone Number _____

Parent's Signature _____ Date _____

Student Printed Name _____

Student Phone Number _____

Student's Signature _____ Date _____

Return to Alice Hoy – Next Level Center by _____

RETURN TO THE NEXT LEVEL CENTER BY 8/18/2021

Crosby Independent School District

Crosby High School
333 Red Summit Dr.
Crosby, TX 77532

TRAVEL RELEASE AND MEDICAL INFORMATION SHEET

_____ has my permission to go **San Jacinto College or Lee College for dual credit courses**. We have read the guidelines and rules as stated, and we agree to abide by them. We understand that the sponsor and chaperone(s) have the right to search handbags or any personal belongings for illegal items in order to protect the entire group. We understand that the Crosby Independent School District, the sponsor, driver, and chaperone(s) cannot be held liable for accidents.

Signed: _____
Parent or Guardian

Signed: _____
Student

Home Phone _____ - _____

Other Phone _____ - _____

My child will need the following medication on the trip:
(List all medication in space below.)

Family Physician's name and Phone _____

Known Allergies of Student _____

Hospitalization Policy _____ Policy No. _____

Other Insurance _____ Policy No. _____

In the event that emergency treatment or surgery is needed, a minor cannot be operated on without the consent of a parent or guardian. Parents should consider and act at their discretion on the following:

I give my permission for _____ to receive emergency treatment or surgery by a qualified physician if the need should arise.

I also give my permission for _____ to receive emergency treatment or surgery in any duty licensed hospital by any qualified physician on the hospital staff if the need should arise.

Signed: _____
Parent or Guardian

Other pertinent medical information: