



Chaperone Consent Form

Name of Chaperone _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Daytime Phone: _____ Evening Phone: _____

Note: Chaperone must be at least 21 years of age.

I _____ is applying to participate in the field trip of Radiant STEM Academy, and I will abide by all Texas laws and school rules, regulations, policies, and directives of the officials of RSA. I will respect the professional and spiritual nature by dressing appropriately and attending all scheduled meetings. I also agree to follow the principles direction RSA Code of Conduct policies stated on the Handbook.

I _____ acknowledge and appoint as chaperone of students for grade level _____ from _____ through _____ with full responsibility for any minor child and his/her actions at all times during the entire duration of the field trip.

Photo/Video Release:

I _____ understand that as a participant I may be photographed and videotaped during the event. I hereby grant to RSA my permission and the right to use this material for any lawful purpose, including advertising, and release RSA and its representatives from any and all liability.

Payment:

I _____ will pay all required fees before the due date set by RSA.

Emergency Contact Information:

Full Name: _____ **Relationship:** _____ **Phone**
Number: _____

Full Name: _____ **Relationship:** _____ **Phone**
Number: _____

Medical Release

In the event that I require medical attention during the field trip and the emergency contact cannot be located, RSA and its representatives are hereby authorized to select a medical treatment facility, physician, and any and all necessary medical care required in case of an accident or illness. In the event that I am unable to make a timely decision, I will release RSA and its representatives for supervising, initiating or ordering any and all required emergency care from all liability. In any event, I will be responsible for any and all payments of treatments, hospitalization, anesthesia, or surgery related to the emergency care.

Chaperone's Signature _____ **Date** _____