

SOCORRO INDEPENDENT SCHOOL DISTRICT  
ATHLETICS  
STUDENT PERMISSION SLIP

Date: \_\_\_\_\_

Our son/daughter \_\_\_\_\_ has our permission to

Attend/Travel to \_\_\_\_\_, a

school approved function. The date(s) for this function will be \_\_\_\_\_.

Travel will be by \_\_\_\_\_. While we realize that all precaution

will be taken for the safety of the students, we understand that neither the chaperon(s),

nor Socorro ISD can be held responsible in case of an accident. If an accident or illness

occurs, we authorize the schools designated representative (s) to consent to physician

and/or emergency medical and/or surgical treatment. It is further understood that school

authorities will notify parents, guardians as soon as possible if any emergency arises, but

in no way is treatment to be delayed until that time.

My son/daughter (**circle on**) may or may not be transported by another

wrestler/wrestler's parent.

My son/daughter may not \_\_\_\_\_

\_\_\_\_\_

Other Concerns: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Name (Print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_