

ADVISER/CHAPERONE CONSENT AGREEMENT

CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY

This agreement is to be used when one school district upon request of a student & parent/guardians desire to participate in a project that will be chaperoned by an adviser/official chaperone from another district.

_____ gives permission for
school district A

_____ to be under the supervision of
student's name

_____ from _____
teacher or administrative of the district school district B

for the _____ being held _____
specific CTSO activity location

_____ date/dates _____ specific site & time where agreement begins & ends

We consent to the above:

Superintendent/Superintendent's Designee Signature
District A

Participant's Parent/Guardian Signature

Agreeing Superintendent/Supt. Designee Signature
District B

Adviser/Official Chaperone Signature

***Compliance with all regulations concerning insurance, CTSO medical release form, etc. is the responsibility of the participant's school district.**

****A signed copy of this form should be sent to the State Adviser, and a copy should be kept on file by both districts.**

*****If this trip involves out of state travel, the form must be notarized by both the participant's district and the agreeing district.**