

# Chomp & Swamp Permission Slip



Captain Shreve High School 6115 East Kings Highway Shreveport, LA 71105

318-865-7137

**Attending Chomp & Swamp is not required and is voluntary on the part of each student and his or her parent or guardian. Reasonable precautions will be taken in the interest of safety at the Chomp & Swamp.**

Participation in the field trip or activity is not required and is purely voluntary on the part of each student and his or her parent or guardian. Reasonable precautions will be taken in the interest of safety. It is therefore understood that neither the Caddo Parish School Board nor any of its officers, agents or employees nor any sponsor of this trip or activity will be held liable for any accident, injury, illness or damage that might occur to any student while on such trip or while participating in such activity. The undersigned student and his or her parent or guardian do hereby expressly release the Caddo Parish School Board, its officers, agents and employees and all sponsors of such trip or activity from all liability of every kind, nature or description for any accident, injury, illness or damage which may be sustained by such student while on such trip or while participating in such activity. This release shall not apply to any liability which arises out of or results from the fault or negligence of the Caddo Parish School Board, its officers, agents and employees.

The undersigned parent or guardian shall be solely responsible for obtaining any insurance coverage desired. Please indicate below if your child has any illness, special medication or allergic reaction to any medication. In case of a medical emergency, the faculty advisor named below has my permission to have my son/daughter treated by a local physician or hospital.

[ ] My child, \_\_\_\_\_,  
has my permission to participate in PTSA's Freshman Chomp & Swamp on Saturday,  
November 1, 2025.

PTSA will provide an itinerary with payment instructions for the evening. Contact PTSA President Rachel Penwell with questions at (318) 230-0246.

## Medical and Emergency Information

Indicate any illness, special medication or allergic reaction to any medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_  
Name

at \_\_\_\_\_. If no answer, please contact \_\_\_\_\_  
Cell Number Name

at \_\_\_\_\_.  
Cell Number

Signature of Parent

Signature of Student

Signature of Faculty Advisor

Date

Date

Date

Cell Number

Cell Number

Cell Number