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, September 12, 2026.

PTSA will provide an itinerary with payment instructions for the evening. Contact PTSA Catherine Thornton with questions at (318) 518-9691.

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**