

**CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY
ADVISOR/CHAPERONE CONSENT AGREEMENT FORM**

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 advisor/official chaperone from another district.

- 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 Advisor, 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.
- If chaperones from multiple school districts are used, an agreement is required by each district involved in chaperoning.
- One form per student

Student Name: _____
_____ School/ATC in _____

School District (herein referred to as District A) gives permission for the above-mentioned student to be under the temporary supervision of _____, a teacher/district administrator from _____ School/ATC in _____ School District (herein referred to as District B).

This permission is granted for the student to attend the following CTSO activity:

This activity will take place at _____
on the following date(s): _____

SIGNATURES

Parent _____ Date: _____

District A Superintendent _____ Date: _____

District B Superintendent _____ Date: _____

Advisor/Official Chaperone _____ Date: _____