

ADVISOR/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 advisor/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	_____ (Advisor/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 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.**