



Student Last Name: _____

Please print clearly

Student First Name: _____

Please print clearly

Please complete all areas with an X, any medical information as applicable and sign at the bottom. Thank you!

Please sign in either the YES or the NO box and return this form to the Period 1 Home form teacher by: **Friday, September 6, 2019**

YES

I/we give permission for my/our child/ward, X _____, to participate in the excursion

to Bruce's Mill Conservation Area on (date) September 20, 2019

Emergency Contact: X _____ Emergency Phone Number: X _____

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) , private vehicle (student driver) _____ who has been authorized by the principal.

Parent Signature X _____

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? X _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian X _____
(printed name of parent/guardian)

Signature of Parent/Guardian X _____ Today's date: X _____
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes _____ No _____

Signature of Parent/Guardian X _____ Today's date: X _____
(or student, if 18 years old or older)

NO

I/we do not give permission for my/our child, _____, to participate in the excursion to _____ on (date) _____

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)