

School: _____ Teacher: _____

Location: _____

Date: _____ Cost: _____

Departure Time: _____ Return Time: _____

Lunch: _____

Requirements: _____

My student, _____, has permission to attend the above-noted off-campus school activity. I hereby assume all of the risks of his/her participating in this activity. I acknowledge that this activity may involve physical exertion and I hereby consent to have my child receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness.

Student Name: _____ Age: _____

Parent/Guardian Name : _____

Parent/Guardian Signature: _____ Date: _____

Name: _____

Phone Number: _____

Relationship to Student: _____

Important Medical information (e.g. Allergies): _____
