PERMISSION SLIP

(Emergency Information & Consent Form)

Student's Name: _____ Grade: _____

Birthdate ____/____/____ Home Phone #: _____

Father's Name: _____ Father's Work #: _____

Mother's Name: _____ Mother's Work #: _____

Name of Insurance: _____ Policy #: _____

Group #:_____ Other Insurance: _____

Family Physician : _____ Phone #: _____

Other person(s) to contact in case of an emergency:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

IN CASE EMERGENCY TREATMENT BECOMES NECESSARY, A REPRESENTATIVE OF THE SCHOOL WILL CONTACT YOU. IF YOU CANNOT BE REACHED, YOUR SIGNATURE BELOW WILL PERMIT US TO GIVE QUALIFIED MEDICAL PERSONNEL AUTHORIZATION TO ADMINISTER THE NECESSARY AID.

_____ **Date:** _____

Parent/Guardian's Signature

_____ **Date:** _____

Parent/Guardian's Signature

I hereby authorize and give my permission for my son/daughter

_____ to attend _____ on
(Student's Name) (Activity)

_____, _____ at the _____
(Day) (Date) (Location)

phone number at the location: _____ with _____
(Teacher/Advisor's Name)

This school activity will last a _____ full day or _____ ½ day. Your student will leave the high school at 1:00 p.m. sharp and return at 7:00 p.m.

This is a school related activity, therefore your son/daughter will not be marked absent, but they will still have to make-up whatever assignments that will be given.