

3541.1 / AR-2 Attachment
6153.1 / AR-2 Attachment

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY.

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: ☐ No ☐ Yes

Student has medical insurance? ☐ No ☐ Yes Medical insurance in: Father's name ☐ Mother's name ☐

Medical Insurance Carrier: _____ Policy/Group #: _____

Insurance Contact Number(s):

Parent/Guardian Signature

Date _____

Telephone Number