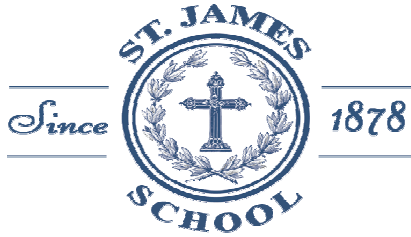


PARENT PERMISSION FORM



507 S. CAMP STREET
SEGUIN, TX 78155
830-379-2878

"KEEPING GOD IN EVERYTHING WE DO"

Class: _____ Date: _____ Destination: _____

Type of Transportation: _____ Time of Departure: _____ Approx. Time of Return: _____

of Chaperones: _____ Names: _____

Each child will need:

Expenses: _____

Clothing: _____

Equipment: _____

Activity Planned: _____

IN CASE OF EMERGENCY, THE TEACHER WILL IMMEDIATELY CONTACT THE PARENTS OR OTHER AUTHORIZED PERSON LISTED BELOW. IN THE EVENT OF A SERIOUS INJURY THE TEACHER WILL SEEK THE NEAREST MEDICAL FACILITY UNLESS OTHERWISE OTHERWISE NOTED.

(CUT AT DOTTED LINE. KEEP TOP PORTION FOR REFERENCE AND RETURN BOTTOM PORTION TO SCHOOL.)

My child: _____ has permission to participate in _____
(Name) (Activity)

- He/She is in good physical condition and has not had any serious illness since his/her last medical examination.
(No, Explain): _____ (Yes) _____
- Any medical considerations (allergies, medications, etc) (Yes, specify): _____ (No): _____

● **ANY ACTIVITIES NEAR OR AROUND WATER (INCLUDING SWIMMING):**

My child (IS) _____ (IS NOT) _____ a competent swimmer and I request that he/she
_____ (BE ALLOWED) _____ (NOT BE ALLOWED) to participate in any water activities.

During this activity I can be reached at: _____

If I cannot be reach in the event of an emergency, the following persons are authorized to act on my behalf:

1: _____ 2: _____
Phone: _____ Phone: _____

If neither I nor the authorized persons listed above can be contacted in the event of an emergency, I authorize the adults in charge to contact a physician, even if such treatment is not covered by the school accident insurance.

Name of Physician and/or hospital preferred: _____ Phone: _____

_____ YES _____ No Seek nearest medical facility if time & seriousness of the injury are a factor.

DATE: _____ PARENT OR GUARDIAN: _____