

FAIRFIELD AREA SCHOOL DISTRICT
ADMINISTRATIVE PROCEDURE

FIELD TRIPS

5440

PARENT PERMISSION SLIP

I hereby give my consent for _____
(Student's Name)

to attend _____ on _____ and
(Event) (Date)

waive any and all claims against the school for any personal injury which might occur.

I understand that students violating school regulations will be disciplined according to school policies and procedures.

In case of accident, injury or illness, I/we hereby authorize the student's advisor to take the above named student to a physician or the emergency room of a hospital.

Since the health of the student is of paramount importance, it is imperative for the advisor to know whether your child has any allergies, handicaps or other health problems. Please list any problems:

Date of last Tetanus Shot (if known) _____

Parent or Guardian (Print Name) _____

Parent or Guardian (Signature) _____

Telephone Number(s) _____

Cell Phone Number(s) _____