



PARENT PERMISSION SLIP FOR CC TRAINING CAMP

Name of Student: *(Please Print)* _____

Name of Parent/Guardian: *(Please Print)* _____

Address: _____ Phone: _____

I, the parent or guardian of the above named student, give my permission for my child to participate in the field trip described as follows:

Date of trip: _____

Departure Time: **1:30PM** Return Time: **1:30PM**

Location is: Sibley State Park, 800 Sibley Park Road NE, New London, Spicer, MN 56723

Medical Information and Release

The following special health problems concerning my child should be noted – if none, please check “none”;

☐ Heart condition ☐ Allergy (specify below whether food, bee sting, etc.) ☐ Asthma
☐ Hemophilia ☐ Diabetes ☐ Other ☐ None

Describe condition noted above with particularity, including any medications or other instructions:

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: _____ Physician's phone number _____

Parent/Guardian contact numbers: (home): _____ (work): _____ (cellular): _____

Alternative emergency contact: _____ Relationship to child: _____

I understand the School District does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

I have read the information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date