

Washington County School District
PARENTAL CONSENT AND PERMISSION
FOR OUT-OF-SCHOOL ACTIVITY

Date: 1/2/2019_____

Student: _____

Dear Parent/Guardian:

Your child has been invited to participate in a field trip activity to the St. George Parade of Homes on Thursday February 21st 2019 . During this trip,
(date)

it is anticipated that your student will participate in the following activity(ies):

 Students will walk through and observe the different homes built & designed for the Parade of Homes.

It is the intent that this trip will accomplish the following educational purpose(s):

 Students will be able to observe the Principles & Elements of Design utilized in a variety of ways locally.

My child has a medical condition requiring medical accommodations: Yes No

The following health concerns should be noted and adequate precautions taken (list allergies, medications, special diets, diabetes, heart disease, hemophilia, etc.) _____

Your signature below indicates your consent for your child to participate. It, also, indicates that you understand that if any injury occurs, the school will make reasonable efforts to contact you. In the meantime, you give permission, in the event of injury, that your student may receive emergency medical aid, anesthesia, and/or operation if, in the opinion of the attending physician, such treatment is medically necessary.

Signature (Parent/Guardian)

Date

Home Phone: _____

Work Phone: _____

Emergency Phone: _____