

GLENCOE H.S. PARENT PERMISSION SLIP

FOREST PARK NEAR PITTOCK MANSION – TREE SAVING

Student Name: _____ Student I.D.: _____

Mr. Stanley's **AP CLASSES** Date(s) – Please circle all that apply: May 29 May 31

TRIP PERMISSION: I, the parent or guardian of the above named student, grant permission to the school to take him/her on the above trip. *MEDICAL WAIVER:* I, the parent or guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers below. I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above named student. Parent/Guardian Signature: _____

Date: _____ Printed Name (of above): _____

Emergency Phone: _____ Alternate Phone: _____

Health Ins. Provider: _____ Policy Number: _____

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