## GLENCOE H.S. PARENT PERMISSION SLIP FOREST PARK NEAR PITTOCK MANSION – *TREE SAVING*

Student Name:	Student I.D.:		
Mr. Stanley's <b>AP CLASSES</b>	Date(s) – Please circle all that apply:	May 29	May 31
on the above trip. MEDICAL supervising teacher to authoriand medication, if I cannot be	nt or guardian of the above named student, g WAIVER: I, the parent or guardian of the above ize necessary medical services in an emergen contacted at the telephone numbers below. the that may be incurred as a result of an accid	ve named student cy, including injec I agree to be resp	, grant permission to the tions, anesthesia, surgery, consible for any expenses
	Parent/Guardian Signature:		
	Printed Name (of above):		
	Alternate Phone:		
Health Ins. Provider:	Policy Number:		
GLENCOE H.S. PARENT PER	MISSION SLIP FOREST PARK NEAR	PITTOCK MANS	SION – TREE SAVING
Student Name:		Student I.D.:	
Mr. Stanley's <b>AP CLASSES</b>	Date(s) – Please circle all that apply:	May 29	May 31
and medication, if I cannot be not covered by home insurand above named student.	ze necessary medical services in an emergen contacted at the telephone numbers below. The that may be incurred as a result of an accide Parent/Guardian Signature:  Printed Name (of above):	I agree to be resp dent or medical er	nonsible for any expenses mergency involving the
Emergency Phone:	Alternate Phone:		
Health Ins. Provider:	Policy Number:		
GLENCOE H.S. PARENT PER	MISSION SLIP FOREST PARK NEAR		SION – TREE SAVING
Mr. Stanley's <b>AP CLASSES</b>	Date(s) – Please circle all that apply:	May 29	May 31
on the above trip. MEDICAL Nations on the above trip. MEDICAL Nations and medication, if I cannot be not covered by home insurance above named student.  Date:	nt or guardian of the above named student, g WAIVER: I, the parent or guardian of the above ize necessary medical services in an emergen contacted at the telephone numbers below. the that may be incurred as a result of an accident Parent/Guardian Signature:	ve named student cy, including injec I agree to be resp dent or medical er	, grant permission to the tions, anesthesia, surgery, consible for any expenses mergency involving the
	Alternate Phone:		
Haalth Inc. Drovidar	Policy	Number	