

**Permission Slip**

For HFE trip to Jekyll Island February 13-15, 2012  
Completion and Signature Required for Participation

**RETURN TO YOUR HOMEROOM TEACHER NO LATER THAN Friday September 30, 2011**

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

- 1) My child has permission to participate in the overnight school trip for the educational program at Jekyll Island 4H Center in Jekyll Island, GA.  
February 13-15, 2012
- 2) My child has permission to participate in all classes and activities selected by Heard's Ferry personnel.
- 3) We/I will not hold any Parent/ Chaperone/Teacher/Staff Member of Heard's Ferry or the Fulton County Board of Education liable for any accident or injury which occurs during this trip.
- 4) I give permission for my child to be taken to the doctor or hospital for medical treatment in the event of an emergency.

Special Medical Concerns for my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Numbers for the duration of this trip:

Name/Relationship to child: \_\_\_\_\_  
Telephone number(s): \_\_\_\_\_  
\_\_\_\_\_

Name/ Relationship to child: \_\_\_\_\_  
Telephone number(s): \_\_\_\_\_  
\_\_\_\_\_

Parent(s) signature: \_\_\_\_\_