

Permission Slip
For HFE trip to Rock Eagle March 22-23, 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 Rock Eagle 4H Center.
March 22-23, 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: _____