

THEODORE ROOSEVELT HIGH SCHOOL
Kent, Ohio
Parental Approval 1 Day Co-Curricular FL Event

Dear Parents:

Your child is eligible for participation in an co-curricular event as described below. Please read the form carefully and provide the necessary data. No student will be permitted to participate in the field trip unless he/she has first submitted a completed form, signed by both parents/guardian/single parent having sole legal custody of the child.

I. Student's Name: _____
Last First Initial

Student's Address _____
Street City Zip

School: _____ Grade: _____

Students will be traveling by _____ to _____

and will leave _____ at _____

on _____ •
Day Date

Students will be returning to school/or _____ at _____

on _____ •
Day Date

Teacher(s) in charge of trip: _____

EMERGENCY TREATMENT

II. In the event that my child should become ill or injured during the course of this educational trip, I request that you make reasonable attempts to contact me. In this event, if reasonable attempts to reach me at _____ or _____ or _____
Home Phone # Work Phone # Friend's Phone #

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician; and (2) the transfer of the student to a hospital or emergency facility as deemed necessary by school personnel and/or physician.

_____ Date _____ Parent/Guardian

_____ Parent/Guardian

III. It is understood and agreed that the student shall comply with all rules and regulations of the Board of Education, including suggestions, recommendations, rules and regulations of chaperones and staff members in all matters pertaining to the program or personal conduct.

I have read, understand, and accept the above-stated conditions. My child has my permission to participate in this trip.

_____ Date _____ Parent/Guardian

_____ Parent/Guardian