**COMMUNITY PERMISSION SLIP**

**Please return the completed form to school**

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give

 (Name of student)

permission for the Intensive Education Academy to allow my son/daughter to participate in

 **Date:**

 **Time:**  \_

 **Transportation**:

In consideration for the making of arrangements for this trip, I hereby release and save harmless the Intensive Education Academy of West Hartford, CT and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip. I agree to allow a trained member of the medical team to administer emergency treatment or medication if deemed necessary.

Medication to be given by nurse/med. certified staff:

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_am/pm

**Name of location:**

**Supervision provided by:**

**Please return this complete page (Community Trip Permission Slip)**

**no later than: \_ \_\_\_\_\_\_\_\_**

Thank you!

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_