

PARENTAL PERMISSION

Dear Parents,

Please sign below and return the following permission release for the 2008-09 school year.

I give _____ (student's name) _____ (grade)

my permission to participate fully in all phases of the school program, including all supervised trips and physical education activities authorized by the school. I understand that my child is expected to behave in accordance with all school rules in any school activity, whether inside or outside the school building.

In the event of an emergency, if I cannot be reached, please contact:

1. _____ tel: _____

2. _____ tel: _____

3. Student's physician:

_____ tel: _____

If none of the above can be reached, I give my permission for my child to be taken to St. Vincent's Hospital, 7th Avenue at West 11th Street (or, if away from school, to the nearest hospital). I also give my permission for emergency treatment to be administered until a family member or my child's physician can be contacted.

Signature of parent or guardian Date

Parent/guardian:

Name Home phone Business phone Cell phone

1. _____

2. _____