

SCHOOL ACTIVITY INFORMATION & PERMISSION FORM

THIS FORM IS TO BE RETURNED BY: Friday, December 2	
ACTIVITY (including purpose & location details): Visiting seniors at Glacier View Lodge	
ACTIVITY DATE: Tuesday, December 6	
DEPARTURE TIME from school: 1:15	
RETURN TIME to school: 2:45	
COST: n/a	FEES DUE:
TRANSPORTATION ARRANGEMENTS: Parent drivers	
SUPERVISED BY: Mrs. Tansky and parent drivers	
UNUSUAL FACTORS/RISKS: None	
OTHER DETAILS: Students must have proof of vaccination and be able to wear a mask.	

PARENTAL PERMISSION

I, _____, ☐ **GIVE** ☐ **DO NOT GIVE** permission for
(Printed name of parent/guardian) (check the box above that applies)

_____ to participate in this activity.
(Printed name of child)

I have read and understood the information.

Signed _____ Date: _____
(Signature of parent/guardian)

Phone: _____

RELEVANT STUDENT MEDICAL CONDITIONS that the school should know:

Please check
all that apply.

☐ I AM able to help.

☐ I AM **NOT** able to help supervise this activity.

☐ I AM able to **DRIVE TO and FROM** destination.

☐ I have completed the required paperwork at the school office.

☐ I have offered to drive for an additional classroom.

I have _____ seats available for grade _____.

I have _____ seats available for grade _____.

SCHOOL COPY

Cut and return the top portion to the school. Save the bottom portion for your records.

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FOR YOUR RECORDS