

# Western School Corporation PARENT-STUDENT PERMISSION SLIP



Name of student: \_\_\_\_\_

Date of event: October 10th 2019

Description of event: IUK Passport Program, - Help students prepare for college and starts the process to Earn a \$1000 scholarship from IUK

Estimated departure time from school: 9:30 am

Estimated return time to school: 1:30 pm

I hereby give permission for my child to participate in the educational, athletic, or extracurricular field trip described below. During such event, if it shall be necessary for my child to receive medical treatment for any illness, injury or emergency, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Western School Corporation to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

\_\_\_\_\_  
Parent, Guardian, or Custodian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

In conjunction with the event described above, I am hereby providing the school with the following information regarding my child.

In case of emergency, and the parent or guardian cannot be located, please call the following individual:

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies of child: \_\_\_\_\_

Health concerns of child: \_\_\_\_\_

Other concerns: \_\_\_\_\_

**\*THE PARENT-STUDENT PERMISSION SLIP MUST BE IN THE POSSESSION OF THE STAFF MEMBER IN CHARGE OF THE FIELD TRIP IN CASE OF AN EMERGENCY.**

Student will be at IUK during lunch and are required to bring a sack lunch. Please choose one:

My student will bring a sack lunch from home.

My student will use their school lunch code to get a school sack lunch.