

SCCHE General Permission Slip

(Either the adult caring for another family's student or the attending Social/Educational function or Field Trip Coordinator must carry this completed form.)

I hereby authorize my child, _____, age ____ to attend the _____ social/educational event or field trip on _____ with SCCHE. My child will be in the care of _____ as I will not be able to attend, and I hereby authorize this person to immediately seek medical treatment as they deem necessary. I understand that I am responsible for all medical costs incurred.

In case of an emergency, please contact: Mother: _____ Ph: _____

Doctor: _____ Ph: _____ Father: _____ Ph: _____

If parents are not available, please give the name of the closest relative or friend.

Name: _____ Ph: _____ Relationship: _____

Please list any known allergy or medical problems _____

I hereby consent to the attendance of my child on the above mentioned social/educational event or field trip with SCCHE. I understand that there are some risks associated with these events, and I knowingly release SCCHE, its executive council officers, and members from any and all liabilities occurring as a result of their sponsorship and management of this event.

Signed: _____ Date: _____ Relationship to Child: _____

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