

PERMISSION FORM

Event: _____

Date: _____

Coach or Sponsor: _____

Driver: _____

Vehicle: _____

Destination: _____

Departure time from Mt. Vernon: _____

Estimated arrival in Mt. Vernon: _____

Student's Name: _____

Parent or Guardian's Signature: _____

By my afore-fixed signature, I confirm my permission for my child to make the trip described above.

My signature also confirms that I release Mt. Vernon Schools and the driver and sponsor or coach from the responsibility or liability in case of accident or illness.

My signature also confirms my permission for the sponsor or coach to seek medical help for my child in case of accident or illness if I or someone designated by me cannot be reached in an emergency situation.

I am providing the following information for contacting me in case of an emergency.

Home phone: _____ Work Phone: _____

Person to contact if I can't be reached: _____

Phone Number: _____

By my signature I also confirm that I will be responsible for my child's transportation back home if he/she violates the code of behavior prescribed by the student handbook for Mount Vernon High School.

I am assured by this form that reasonable care and precaution will be taken for my child's safety during the trip described above.