

Hendry County School District

Parent Permission



This document is used as a verification that our students, can be granted permission to travel to a field trip, or extra-curricular event, deemed part of our curriculum experience.

Please fill out the form, and return it back to the teacher coordinating the activity.

I hereby request permission for my son or daughter, named _____ to attend _____ (function) in _____ (city) on _____ (date).

I understand the group is to travel by _____ (car, bus, other means) and I relieve Hendry County Schools, and all Workforce Development employees from any liability which may result from any unforeseen accident or injury connected to this. trip.

In a case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, or person's listed below, I hereby authorize the school to contact the appropriate medical professional indicated below and follow the directions provided to us.

If we are not able to contact the medical professional the school may make whatever arrangements are necessary to provide the care and treatment for my child.

Pupil: _____ DOB: _____

Active Phone: _____ Home Address: _____

Preferred Physician or Care Center to Contact: _____

Dentist's Name: _____

Person(s) who will and can care for child in case parent cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Any Allergies, or other conditions our trip sponsor should know about?

Date: _____ Parent Signature: _____