

**PARENT PERMISSION SLIP & MEDICAL RELEASE ACTIVITIES**

San Lorenzo Valley High School  
Felton, California

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Class/Club: \_\_\_\_\_

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

Teacher in charge: \_\_\_\_\_

Location: \_\_\_\_\_

Departure date, place & time: \_\_\_\_\_

Return date, place & time: \_\_\_\_\_

Mode of transportation: School vehicle \_\_\_\_\_ or car driven by Staff \_\_\_\_\_ or Parent \_\_\_\_\_  
(Each private vehicle/driver MUST have Driver's License/Insurance form on file)

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**TEACHER NOTIFICATION (if needed)**

Period	Course	Teacher Signature*	
		Approve	Disapprove
0			
1			
2			
3			
4			
5			
6			

\*Approval or disapproval is informational only. It is the responsibility of each student to determine if he/she can afford to miss classes.

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**PARENT/GUARDIAN PERMISSION**

I understand that the student is under the jurisdiction of the school representatives and is expected to comply with all regulations. I further understand that the school is furnishing transportation and that the students must go and return to San Lorenzo Valley High School by the transportation provided. As the parent or guardian of the above-mentioned student, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

\_\_\_\_\_  
Date: \_\_\_\_\_

**parent/guardian signature**

Place where I can be reached during this activity: \_\_\_\_\_

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

Insurance Carrier: \_\_\_\_\_ Group# \_\_\_\_\_

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

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**VERIFICATION OF ATTENDANCE**

This slip is to be used as an admit slip to class.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_