

Parent/Guardian Permission

Please return this form by: _____.

The _____ class from the CHEC Mason Homeschool Co-op will be going to _____ on _____.

Activities will include: _____

Address: _____

Adults accompanying the group: _____

Emergency Contact Phone #: _____

----- (Cut here and keep the above for your records) -----

My child, _____, has my permission to participate in field trip to _____ on _____.

To the best of my knowledge, he/she is in good physical condition with no serious illness or operation since their last health exam. YES _____ NO _____ If no, explain on back.

Currently taking any medications? YES _____ NO _____ Specify: _____

During this activity, I can be reached at _____ (phone number if available)

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the person in charge to secure emergency treatment for my child as named above.

Parent/Guardian Signature _____