

Roadside Academy

DAY VISIT PERMISSION SLIP

I hereby give permission for my child, _____ to attend and fully participate in the activities of Roadside Academy on _____.

I authorize my child to be treated by a physician or other health care personnel as necessary in the judgment of the teacher in charge. I further authorize treatment by first aid personnel for minor ailments/injuries. I authorize the teacher in charge to consent on my behalf to whatever treatment or care is deemed advisable by such person for the well-being of my child. My child has permission to engage in all regular school activities (including local walking trips) except as noted by me in writing on this form.

In case of emergency, I can be reached at _____

If I cannot be reached, the following person is authorized to act on my behalf:

(Relationship)

If neither of us can be reached, I authorize my child's teacher to act on my behalf.

(signature of parent)

(date)

* Physical Limitations: