



Parent Permission Form

I hereby permit _____ to participate in Senior Theme Day Sleepover.
Student Name

At Connelly from 5 p.m. Wednesday, Sept. 23- 7 a.m. Thursday, Sept. 24.

I agree to direct my daughter to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the activity. Should it be necessary for my daughter to have medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical services for the student and I give permission to the doctor selected by the school to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my daughter is injured as a result of her participating in this activity, including transportation to and from such activity, recourse for the payment of any resulting hospital, dental, medical or related costs and expenses will first be had against any accident, hospital, medical or any available benefit of mine or of my spouse.

Please check all that apply:

_____ My daughter will arrive by 5 p.m.

_____ My daughter is not able to arrive by 5, she will arrive at _____ p.m.

_____ My daughter will spend the night.

_____ My daughter will not spend the night and I will pick her up at _____ p.m.

Mrs. Gloria Kam
Senior GLC

August 25, 2015
Date

Parent (Guardian) Signature

Emergency Phone Number (Cell)