## Permission Slip

**Event**: Lake Compounce End of the Year Trip

**Dates**: Saturday, June 6th -2015

**Times**: 10:00 am until 5:00 pm

**Transportation**: School Bus

**Location**: Bristol, CT

I hereby give permission for my son/daughter/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in the above activity. I assume the risks inherent with this event and hereby relinquish any right to sue and/or any claims of liability against the George Washington Carver Foundation, Inc., or its staff, or any volunteer associated with this event.

**Parent/Guardian (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate any particular medical problems such as medications being taken, allergies, or any other information necessary in an emergency situation. Explain fully.

I give my permission for any medical treatment that may be necessary in case of an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Signature Date