

Parent Permission Form for Community Partner Activities On Wednesdays. Date: \_\_\_\_\_

Dear Parent:

You have opted for your son/daughter to be taken to a designated 1/2 Day Wednesday activity. You are aware that the 1/2 Day Wednesday Activities are not affiliated with Village Tech Schools and that they operate both separately and independently. If you would like for your son/daughter to participate in the transportation program, please complete the information below giving your permission to transport your son/daughter.

I affirm the following: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Village Tech Schools, its officers, directors and agents from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith the transportation and/or activity. Please call the office for assistance: 469-454-4441.

Student's Name: \_\_\_\_\_

Activity: \_\_\_\_\_

1/2 Day Wednesday Location: \_\_\_\_\_

Depart Time: 1:10 ECC/ 1:20 Big Tech. Fee: \$10.00 per month. Transportation: Dallas County School Bus

\*This form must be returned by the 25th of each preceding month.

\_\_\_\_\_ (parent name) give \_\_\_\_\_ (student name) permission to be transported to the location listed above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Medical /Emergency Information

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities \_\_\_\_\_ None -or- Describe: \_\_\_\_\_

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_