

PERMISSION FORMS

I give my permission for my child _____ to go with SFEA on any field trips that occur during class time.

_____ signature _____ date signed

I give permission for my child _____ to be given emergency treatment at Mount Nittany Medical Center should the need arise and I cannot be contacted.

_____ signature _____ date signed

_____ my child's health insurance provider and his/her ID number

Phone numbers where a parent can be reached in case of emergency:

Home _____

Cell _____

Work _____

Other _____