

(Name) _____ Year of Graduation _____ House _____

Student's e-mail _____

has my permission to participate in the L-S MLK Action Project during school years 2011-12.

IN THE EVENT THAT EMERGENCY TREATMENT by trained medical persons is required, I give medical release for that treatment.

Presently taking medication? _____

For what? _____

Date of last tetanus shot _____

Medical insurance carrier & plan no. _____

Emergency contact person: _____

Tel: _____ Cell: _____

Signature _____ Tel:(home) _____

Parent/Guardian: (work no.) _____ Cell _____

Address: _____

Date _____

I am available to drive students occasionally or regularly _____

PERMISSION TO RIDE WITH A STUDENT DRIVER

In the event that an adult is not available to drive students to and from an MLK activity (name) _____ has my permission to ride with an approved student driver to and from the activity.

Without your written permission the student will not be allowed to go on the trip when a student is driving. This is a school and MLKAP Policy.

Name _____ Date _____

(parent/guardian)

Last updated 10/11

