

## Class of 2017 Car Wash Fundraiser Saturday May 27, 2017 New Life Assembly of God Church 966 Main Street, Haverhill, MA Permission Form

TIME: 9:30am-1:30pm Parents can drop off and pick up students at New Life Assembly of God Church, 966 Main Street, Haverhill.

CHAPERONE: Mr. Brian Indrelie

<b>Medical &amp; Emergency Care Information</b>			
Student Name	Date of Birth	Grade	
Address			_
Parent / Guardian Name			_
Parent / Guardian can be reached on	the days of the field trip at the fo	llowing phone number(s):	
1)	2)		
<b>Medical Information</b>			
Check all that apply:			
None			
Allergic to:			
Significant medical conditions as	nd treatment:		
Needs to receive the following n			_
Name of medication and Dose:	Time to	be given:	
If taking medication on the field trip	you must check one below:		
Parent / guardian will deliver me	dication from home supply to the	e school	
Teacher should obtain this media	cation from my child's supply ke	pt by the school	
I, the parent/guardian, authorize the school admediations listed above, and I agree not to hole by me and the school administrator to assist me adult designated by the principal may carry my me. You have my permission to obtain any em My child has permission to attend the Class of provided in order for your child to attend).	d liable, any member of the school y child in taking said medication y child's medication. In the event tergency care necessary to ensure	ol staff or an individual of off i. I understand that a chaperor t of an emergency serious illn e my child's well-being while	ficial capacity who is directed ne, teacher or other responsible ness, I request that you contact to on the field trip.

Parent/Guardian Signature and Date