

The Grove School

200 Nevada Street, Redlands, CA 92373

Phone (909) 798-7831 Fax (909) 307-6464

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY

My student _____

has my permission to participate in the following Grove School activity: _____

Date: _____

Cost: _____

Departure time: _____

Return time: _____

Student to bring: _____

Parent Drivers needed: yes / no

If this activity requires transportation, I give permission for the school to arrange such transportation for the student to and from his/her activity. By signing this permission/authorization, and in accordance with chapter 1524, section 25.8 of the civil code of California, I/we give authorization to any physician or surgeon licensed under the provision of medical practice act, for the student to receive medical care and/or emergency treatment when necessary. Any expenditure for the care is the responsibility of the parents.

Please print name of parent/guardian _____

Signature _____

Date _____

Parent/Guardian Contact phone number: () _____

() _____

Parent/Guardian contact phone number: () _____

() _____

Alternate Emergency contact: Name _____

Relationship to student _____

Phone number: () _____

Phone number: () _____