

Tigard Tualatin School District

Off-Campus School Sponsored Activity
Parent / Guardian Permission

Student Name: _____

Parent Name: _____

Advisor/Coach: Mr. Ellingson Tualatin High School

Date of Activity: March 12-14, 2015

Location: Wilsonville High School

SELF TRANSPORTATION (permission slips to ride with friends or drive self, not needed if parents are driving their own student)

PERMISSION:

I, the parent/guardian of the above named student, grant permission for my student to participate in the Robotics Activity described above.

Parent / Guardian Signature

Date

Home Phone

Work/Cell

Medical Waiver: I, the parent/guardian of the above named student, grant permission to the supervising teacher/coach/advisor to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, and if I cannot be contacted at the telephone numbers shown above, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above named student.