

MINNESOTA STATE ACADEMY FOR THE DEAF: EARLY CHILDHOOD PERMISSION FORM ____/____/____

Parents / Guardians please read the following information carefully and indicate your wishes. ***This form must be signed!***

STUDENT: _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child to participate in school field trips during the school day.

I will assume financial responsibility for all medical bills incurred through injury or I have medical insurance that will cover such bills.

MY CHILD MAY LEAVE CAMPUS UNDER THE RESPONSIBILITY OF THE FOLLOWING PERSONS:

IT IS UNDERSTOOD THAT IN GRANTING PERMISSION AS INDICATED ABOVE, THE MINNESOTA STATE ACADEMY FOR THE DEAF ASSUMES NO RESPONSIBILITY BEYOND REASONABLE SUPERVISION AND PRECAUTION. THESE PERMISSIONS MAY BE AMENDED BY WRITTEN NOTIFICATION FROM PARENT OR GUARDIAN.

DATE:_____ PARENT/GUARDIAN SIGNATURE:_____