

OFF CAMPUS PERMISSION FORM

activities to be held
at Ford Frick Park

To whom it may concern,

I, as the parent or guardian of _____

do hereby give my permission for him/her to participate in coursework or specials across the street at Ford Frick Park for various daily activities.

Furthermore, I release NSCA, its staff, volunteers, and sponsors from any liability for injury or damage suffered by the above-named minor student and agree to release and hold harmless the same.

I give permission for medical attention and treatment, if necessary, should any injury or illness occur.

Please note any medications and/or medical conditions we should be aware of:

In case of emergency, please call: _____

Student Last Name _____

Student First Name _____

Grade _____

Teacher _____

Date Signed

Parent Signature over printed name