



(Event)

(Last Name)

PARENT PERMISSION FORM

This form must be completed and signed by a parent/guardian before the event

Return form to: FHS, P.O. Box 117, Frenchtown, MT 59834

STUDENT INFORMATION

Name: _____ Birthday: ___/___/___ Class of 20 _____

Home Address: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

E-mail: _____

PARENT/GARDIAN CONTACT INFORMATION

Name: _____ Relation: _____

Email: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Name: _____ Relation: _____

Email: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

PARENTAL CONSENT

I give my permission for my son/daughter to participate in the above named event. I realize that such activity involves the potential for injury which is inherent in all activities. I realize that on rare occasions injuries can result in permanent disability, paralysis, or even death. In the event of injury or illness, school personnel may take whatever action is deemed necessary to insure proper care and treatment for my child.

PARENT/GARDIAN SIGNATURE _____ DATE: ___/___/___

PARENT/GARDIAN NAME (PRINTED) _____