Gasconade County R-I Summer School TRAVEL RELEASE

| The undersigned, one of the parents or the legal guardian of | (please print), a minor, |
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| hereby consents for said child to travel from Hermann Elementary School to the ${f I}$ | Hermann Public Pool, on May 31, June |
| 7, and June 14. This will only take place if your child has perfect attendance for | the "week" (see guidelines for specific |
| dates) and the weather cooperates. Dates are subject to change, based on weat | her. |
| This travel release also allows your child to travel to the <u>Movie/Park (Hermann)</u> | on June 21, if your child has missed |
| no more than 2 combined full days of attendance, as well as to the <u>Hermann Pu</u> | - |
| other locations within city limits from May 28-June 21 for educational/incentive | e purposes. (We will travel by bus |
| when walking isn't an option due to distance and/or weather.) | |
| I understand that no activity can be risk-free. I also understand that the school w | ill act in the hest interest of my child's |
| safety. I hold the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify them against any liability associated the school harmless and indemnify the school harmless and the s | |
| summer school staff to give their consent to arrange for any and all emergency m | · |
| treatment and care which they deem necessary for the said child while in their ca | |
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| | |
| Signature of Parent or Guardian | |
| | |
| Relationship to Child | |
| | |
| | |
| Phone number where available 8:00 a.m3:00 p.m. | |
| In case you are not available, in the event of an emergency, who shall we contact | in your absence? |
| , | , |
| Name & relationship to child | |
| | |
| Phone number where available 8:00 a.m3:00 p.m. | |
| Name of family physician: | |
| | |
| City Phone number | |
| | |
| **Permission slip due to school office no later than Wednesday, May 29, 2019. | |
| YOUR CHILD WILL NEED TO BRING \$3 to cover the cost of <u>each</u> visit to the pool (May 31 | ., June 7 and June 14), should your child be |
| eligible for this incentive. You can send the money the day we go to the pool. Pool pas | |
| 21 will not require money to attend. | |
| : My student is allowed to attend incentive pool/movie/park parties and educ | cational field trips |
| My student is anowed to deterior incentive poor, movie, park parties and each | actional field trips. |
| : My student is NOT allowed to go to the pool, but may attend <u>all</u> other incen | tive and educational field trips in town. |
| : I DO NOT want my student to attend incentive pool/movie/park parties or e | ducational field trips. I would prefer to |
| keep my student at Hermann Elementary School to participate in alternative activities. | The state of the s |
| | |

CHECK <u>ONE</u> OF THE ABOVE BOXES BEFORE RETURNING THIS FORM. PLEASE FILL IN ALL INFORMATION.