## Hanover Park High School Parent Permission Slip

	Date:
The	is planning a Field Trip.
(Name of Class, Club or Ac	etivity)
m.	
То	on (Date)
	(Date)
Time of departure from Hanover Park:	
Time of return to Hanover Park:	
Type of Transportation:	
Lunch Arrangements:	
Other Information:	
	ll NOT dress informally for field trips. Appropriate ter. Those students inappropriately dressed will NOT .
	To The Parent
Please detach and return to the class, cluthe group.	ub or activity sponsor if you desire your child to accompany
	Date:
I hereby give (First Name) (Last I	Name) permission to accompany
tho	on a field trip on
tile	(Date)
Please be apprised of the following physicattention of the teacher in charge:	ical or medical concerns that will need to be brought to the
Please be aware that my child will be in inhaler use while on the trip:	need of the following medication including epi-pen and
Please be advised that provisions of Boar Policy 2340 and Regulation 2340.	rd approved field trips are in accordance with Board
Signed	Parent/Guardian cell phone
Signed(Parent or Guardian)	1 areno Guartiian cen phone
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Emergency Contact Name	Emergency Contact cell phone