



_____ has my permission to participate in the MOSTe outing to
(Student's Name)

_____ on _____
Date(s)

Departure: _____ AM/PM Return: _____ AM/PM

Pick-up/Drop-off location: _____

Note(s):

Once the event is over, the above-named student (please select one of the following):

___ Will be picked up **promptly** at the drop off location by their parent/guardian named below

___ Will be picked up **promptly** at the drop off location by the emergency contact named below

(Emergency Contact's Name/Relation)

(Emergency Contact's Phone Number)

___ Is allowed to walk home by herself from the drop off location

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where the child named above may be in need of first aid or emergency treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of MOSTe to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agents' opinion such need arises. In doing so, I agree to pay all fees and cost arising from this action to obtain medical treatment. I also agree to pay for all fees that may occur due to injury or sickness following the activity/event.

Signatures of Parents or Legal Guardians:

Date: _____

Print Name of Parents or Legal Guardians:

Date: _____
