

**LAWRENCE COUNTY CENTER OF TECHNOLOGY
PERMISSION FORM**

CLASS OR ORGANIZATION: _____

TEACHER OR SPONSOR: _____

EVENT: _____

DATE OF EVENT: _____

COST: _____

DEPARTURE TIME: _____

EXPECTED RETURN TIME: _____

My child, _____, has permission to go on the above trip. Should an emergency occur with my child while on the trip, I may be contacted at the following phone number(s): _____ / _____. I also give my permission to the school and its sponsors to seek emergency medical attention or transport in the event of an injury or sickness. Our insurance company is _____ and the policy number is _____.

I am aware that this is a school sponsored event and that my child is expected to abide by the policies stated in the Lawrence County Code of Conduct for students. Violations of rules will be handled properly by the trip sponsor(s) and/or administration. Severe violations may require transportation home for my child at my expense.

PRINTED NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

SIGNATURE OF STUDENT: _____