FBLA Region 4 Leadership Conference Field Trip Permission Form

I hereby give permission for my child	to go to NKU with Mrs.
Pam Hamons, Ms. Rider, and Ms. Kathy Peters to attend the I	FBLA Region 4 Leadership Conference. On
Tuesday, March 10, the group will leave by bus at approxima	tely 7:20 a.m. and will arrive back at school about
4:30 p.m.	
Please turn in this permission slip and \$10 to Mrs. Har	mons by <u>January 23</u> . The \$10 will cover the cost
of registration and a conference t-shirt. Students will have to purchase their own lunch at NKU. Please	
understand that there are no refunds.	
Since faculty personnel will be in transporting and in o	charge, I, as a parent, give permission to enforce
all school rules that are consistent to the welfare of my child.	I also do hereby release the school and teachers
from responsibility for accidents or injury not covered by scho	ool insurance.
Date Parent/Guardian	
Address:	(Signature)
Phone Number: (Home)	(Work)
Note to Parent/Guardian:	
If your child will require special assistance or medicat	ion during the field trip; please enter specific
information or requests below. Prescription medication admir	nistration will require the completion of the
Consent Form for administering medicine at school. Nonpres	cription medication can only be given on the
written advice of a physician in addition to parental consent.	

Parent's/Guardian's Signature