GLENCOE HIGH SCHOOL PARENT PERMISSION SLIP Mr. Stanley's AP ENVIRONMENTAL CLASS

ROCK CREEK ADVANCED WASTEWATER TREATMENT FACILITY

Student Name: _____ **Student I.D.:** _____

Date of site visit (CIRCLE ONE): Dec. 17 Jan. 28 Feb. 25 Mar. 17

TRIP PERMISSION: I, the parent or guardian of the above named student, grant permission for them to attend a tour at the above facility.

MEDICAL WAIVER: I, the parent or guardian of the above named student, grant permission to the supervising tour guide or adult to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers below. I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above named student.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian **PRINTED NAME**: _____ Ph: _____

Health Insurance Provider: _____ Policy Number: _____

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