SHIPPENSBURG AREA SCHOOL DISTRICT
PARENT PERMISSION SLIP
OTORIZASYON PARAN – DISTRI LEKÒL ZÒN SHIPPENSBURG

Name of Advisor/Teacher / Non konseye/pwofesè a

_____

I hereby give my consent for / Mwen bay konsantman mwen pa dokiman sa a pou

_____ to attend / pou patisipe nan _____
(Student Name / Non elèv la) (/ Non aktivite a)

on / nan dat _____ and agree to release and indemnify Shippensburg Area School
(Date / Dat)

District and its heirs, executors, administrators, agents, representatives, solicitors, and successors, and assume full and complete responsibilities, financial and otherwise, for any and all damages, injuries, liabilities, obligations, claims, litigations, expenses, judgements and proceedings whatsoever, which may at any time be imposed upon, incurred by or asserted or awarded against Shippensburg Area School District, which are not covered by the student's insurance and which arise out of or are in connection with the practice, services and techniques of the aforementioned program.

epi mwen dakò pou libere epi dedomaje Distri Lekòl Zòn Shippensburg Distri a ansanm ak eritye li yo, egzekitè, administratè, ajan, reprezantan, avoka, ak siksesè yo, epi mwen pran tout responsablite, finansye ak lòt kalite, pou nenpòt ak tout domaj, blesi, responsablite, obligasyon, reklamasyon, pwosè, depans, jijman, ak pwosedi kèlkeswa sa yo, ki ka nenpòt ki lè enpoze sou, fèt kont, reklame, oswa akòde kont Distri Lekòl Zòn Shippensburg, ki pa kouvri pa asirans elèv la epi ki soti nan oswa ki gen rapò ak pratik, sèvis, ak teknik pwogram mansyone an.

In case of accident, injury or illness, I/we hereby authorize the student's advisor to take the above-named student to a physician or the emergency room of a hospital. It is imperative for the advisor to know whether your child has any allergies, handicaps or other health concerns.

Nan ka aksidan, blesi, oswa maladi, mwen/nou bay otorizasyon konseye elèv la pou mennen elèv ki mansyone anwo a lakay yon doktè oswa nan sal ijans yon lopital. Li trè enpòtan pou konseye a konnen si pitit ou a gen nenpòt alèji, andikap, oswa lòt pwoblèm sante.

Please list: / Tanpri endike: _____
Date of last Tetanus shot (if known) /
Dat dènye vaksen kont tetanòs la (si li konnen) _____

_____

(Parent or Guardian Signature / Siyati Paran oswa Gadyen) (Telephone phone Number/ Nimewo telefòn)

Transportation (will or will not) be furnished by District owned or contracted vehicle. Transpòtasyon an (ap oswa pap) fèt ak yon machin distri a posede oswa li lwe anba kontra.