



SHIPPENSBURG AREA SCHOOL DISTRICT PARENT PERMISSION SLIP

Name of Advisor/Teacher _____

I hereby give my consent for _____ to
(Student Name)

attend _____ on _____
(Name of Event) (Date)

and agree to release and indemnify Shippensburg Area School 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.

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.

Please list: _____

Date of last Tetanus shot (if known) _____

(Parent or Guardian Signature)

(Telephone Number)

Transportation (will or will not) be furnished by District owned or contracted vehicle.