

**VIRGINIA COMMUNITY UNIT SCHOOL DISTRICT # 64  
PARENTAL AUTHORIZATION FORM**

Your child has the opportunity to participate in the following event:

Please fill out and sign the bottom and return it to the school.

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To contact in case of emergency: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Students name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special medical conditions of your child:

Statement of consent:

\_\_\_\_\_ has my permission to participate in this event. By signing, I agree to the following:

1. In case of a medical emergency, I grant the chaperone the right to authorize medical care, if none of the persons named above can be reached.
2. I agree to pay the expense of returning my child home before termination of the event if he/she does not adhere to established standards of conduct.
3. The school is not responsible for damage of loss of property personally owned by my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date