

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 portion and return it to the school.

To contact in case of an emergency _____
Home or work phone during the day _____

Student's name _____ Home phone _____
Family physician _____ Phone _____
Special medical condition for your child (if any) _____

Statement of consent:

_____ has my permission to participate in the
above event. By signing this document, I agree to the following:

1. In case of medical emergency, I grant the chaperone the right to authorize medical care if none of the above persons 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 or loss of property personally owned by my child.

Parent/Guardian Signature

Date