Dawson-Bryant High School 1 Hornet Lane Coal Grove, Ohio 45638 (740) 532-6345 Dean Mader, Principal

"Home of the Hornets"

Field Trip Permission Form

This is to certi	fy that		/		has my	permission	
		tudent's Name)		(Cell Phone #))	,	
to travel with	designated perso	ons to OV	Sov	thern			
for ACT	Boot Camp	on <i>2</i> -	10-2	030			
(Event)		(Date)				
		thorize medical treatment for any illness or injury that would require ergency treatment if, I am not able to be personally contacted.					
	It is understood that all trips will be well planned and every precaution taken by the person(s) in charge to prevent any accident. It is understood that neither those in charge nor the school district will be held liable for damage caused by my child or any accident or injury sustained while on this trip.						
In case of emerge	ency and						
Parents are not available, Please contact:			Parent/0	Guardian Signat	ture		
			Address	1			
Name							
			Phone N	Number			
Address				-0.00			
			Name o	f Doctor			
Phone Number							
			Insuran	ce Co. and Police	cy Number		