

**Sleepy Hollow Middle School  
Permission Slip**

**This is to certify that I have given \_\_\_\_\_ grade \_\_\_\_\_  
(name of student)**

**permission to attend a school trip to Washington DC on April 10th, 11<sup>th</sup>, and 12<sup>th</sup>, 2019.**

**This trip will be taken under the supervision of Joshua Whitham, principal who will represent the school.**

\_\_\_\_\_ \_\_\_\_\_

Date

Signature of Parents

**EMERGENCY MEDICAL TREATMENT FORM**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Nearest Relative and Phone \_\_\_\_\_

Past Illnesses \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Allergies \_\_\_\_\_

Routine Medications \_\_\_\_\_

Other Important Medical Information \_\_\_\_\_

Current Health Concerns \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Physician (Name & Phone ) \_\_\_\_\_

I (We) hereby give permission for emergency medical treatment in the event I cannot be reached

\_\_\_\_\_ \_\_\_\_\_

Parent/Guardian Signature

Date

**Please attach a copy of both sides of your Insurance Card.**

**\*\*PLEASE NOTE THAT REFUNDS CANNOT BE GIVEN AFTER MARCH 15<sup>th</sup> 2019.\*\***