

## Dear Parent:

Please complete	this form a	nd have your	student retu	urn the co	mpleted o	document t	o the 12	2th grade	class
office.		-			-			_	

I understand that my child will leave on Thursday, June 6th, 2024 at 7:30 am and is expected to return on Thursday, June 6th, 2024 at 10:00 pm.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

I understand that there are no refunds, due to the fact that the student price is based on the number of students attending.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Chickle	/-3/-24
Ché Carter, Principal at Huron High School	Date of Signature
Signature of Parent/Guardian	Date of Signature
Address	Parent / Guardian Cell Phone Number
City	Parent / Guardian Work Phone Number

\*This includes children under guardianship, ward, etc.

Rev 10/2023