#	THE SCHOOL	ARENT/GUARDIAN FI				
11	_	Gateway Hig				
, the parent/guardian of_	. f			grade	hereby give my cons	ent for
ny child to participate i		Grad]	Bash 2022	grade	noreby give my const	nelosa
ny crillo to participate i	Cost of tick	et includes: C	GradBash + bu	s transp	ortation	
Trip date(s) April	30 2022	Hara do Salida	5	:00 pm	Time of return_3:00a	am
	cobson		I ime of departure	····	Cost\$125.	
Mode of transportation	: Check ⊠ one: ⊠	School Bus	mon Carrier	ate Vehicle	☐ Walking	b obek
Additional trip informati	on:	on also als in any	Jacquelesa W	:11	rive at Univers	. 1
						Sal
		come and go w			· · · · · · · · · · · · · · · · · · ·	
A STATE OF THE STA		A CONTRACTOR OF THE PARTY OF TH	The state of the s	A CONTRACTOR OF THE PARTY OF TH	student who de	oes
		conduct will r	eceive conseq	uences.		-
SEE DRESSC	CODE ATTAC	CHED!	ANNECIUS CIRCI V CARR	FOR STREET	WASSA MIRO ON ESWAN A	
mposed by any laws, r						loyees
I also understand and at my expense. I authorize a repre- pecome reasonably no	that if my child become esentative of the school ecessary, while child is	ol named above to see	that my child receives at	any emergeno	home by the quickest r by medical treatment that charges incurred for m	means
I also understand and at my expense. I authorize a represective reasonably near the reatment is guarantee	that if my child become esentative of the school ecessary, while child is	ol named above to see s on said field trip in/ou ce company providing o	that my child receives at	any emergeno	home by the quickest r	means
I also understand and at my expense. I authorize a represector reasonably nereatment is guarantee. My child has the following.	that if my child become esentative of the school ecessary, while child is d by me or the insurance	ol named above to see s on said field trip in/ou ce company providing of If none, state "None" _	that my child receives at of Osceola County. For coverage for my child.	any emergenc ayment of all	home by the quickest representation with the charges incurred for management that the charges incurred for management t	means at may sedical
I also understand and at my expense. I authorize a represector reasonably near reatment is guarantee. My child has the following reatment for above	that if my child become esentative of the school ecessary, while child is d by me or the insurancing medical conditions.	ol named above to see s on said field trip in/ou ce company providing of If none, state "None" _	that my child receives at of Osceola County. For coverage for my child.	any emergenc ayment of all	home by the quickest represent the charges incurred for m	means at may redical
I also understand and at my expense. I authorize a represence reasonably nereatment is guarantee. My child has the following reatment for above My child is allergic to the	esentative of the school ecessary, while child is d by me or the insurance ing medical conditions.	ol named above to see s on said field trip in/ou ce company providing of If none, state "None" s. If none, state "None"	that my child receives at of Osceola County. Fooverage for my child.	any emergence ayment of all	home by the quickest r by medical treatment that charges incurred for m	means at may redical
I also understand and at my expense. I authorize a represencement reasonably nereatment is guarantee. My child has the following reatment for above My child is allergic to the pate of child's last Tetal	esentative of the school ecessary, while child is d by me or the insurance and medical conditions. The following medications are following medication, (if known	ol named above to see son said field trip in/ou ce company providing of the said field trip in/ou field trip	that my child receives at of Osceola County. Fooverage for my child.	any emergence ayment of all	home by the quickest representation in the charges incurred for many the charges incurred for ma	means at may redical
I also understand and at my expense. I authorize a represencement reasonably nearestment is guarantee. My child has the following reatment for above. My child is allergic to the pate of child's last Tetal Check one:	esentative of the school ecessary, while child is d by me or the insurance ing medical conditions. The following medications are following medications and injection, (if knowledge on the have medical instance).	of named above to see son said field trip in/ou ce company providing of the said field trip in/ou field trip	that my child receives at of Osceola County. Fooverage for my child.	any emergence ayment of all	home by the quickest representation in the charges incurred for many the charges incurred for ma	means at may redical
I also understand and at my expense. I authorize a represencement reasonably nearestment is guarantee. My child has the following child is allergic to the content of the	esentative of the school ecessary, while child is do by me or the insurance and medical conditions. The following medications and injection, (if know do not have medical insurance may emedical insurance may emedical insurance medical insurance me	of named above to see son said field trip in/ou ce company providing of the said field trip in/ou field trip	that my child receives at of Osceola County. Fooverage for my child.	any emergence ayment of all	home by the quickest representation of the property medical treatment that charges incurred for medical treatment and the charges incurred for medical treatment and t	means at may redical
I also understand and at my expense. I authorize a represencement reasonably nearestment is guarantee. My child has the following child is allergic to the content of the content is guarantee. Date of child's last Tetal check one:	esentative of the school ecessary, while child is downward by me or the insurance and medical conditions. The following medications and injection, (if known do not have medical insurance by/Group number	ol named above to see son said field trip in/ou ce company providing of the said field trip in/ou ce company providing of the said field trip in/oue. If none, state "None"	that my child receives at of Osceola County. Fooverage for my child. ment ar name work ph	any emergence eayment of all	home by the quickest representation of the property medical treatment that charges incurred for medical treatment and the charges incurred for medical treatment and t	neans at may redical
I also understand and at my expense. I authorize a represencement reasonably nearestment is guarantee. My child has the following reatment for above. My child is allergic to the content of the conten	esentative of the school ecessary, while child is downward by me or the insurance and medical conditions. The following medications and injection, (if known do not have medical insurance by/Group number	of named above to see son said field trip in/ou ce company providing of the said field trip in/ou field trip	that my child receives at of Osceola County. Fooverage for my child. ment ar name work ph	any emergence eayment of all	home by the quickest representation of the property medical treatment that charges incurred for medical treatment and the charges incurred for medical treatment and t	neans at may redical
I also understand and at my expense. I authorize a represencement reasonably nearestment is guarantee. My child has the following treatment for above My child is allergic to the control of child's last Teta cont	esentative of the school ecessary, while child is do by me or the insurance and medical conditions. The following medications and injection, (if known the medical insurance and	ol named above to see son said field trip in/ou ce company providing of the company state "None"	that my child receives at of Osceola County. Feoverage for my child. ment r name work ph Relation	one #ship	home by the quickest ray medical treatment that charges incurred for many many many many many many many many	at may redical
I also understand and at my expense. I authorize a represence on a reasonably neareatment is guarantee. My child has the following the composition of the compositio	esentative of the school ecessary, while child is do by me or the insurance and medical conditions. The following medications and injection, (if known the medical insurance and	ol named above to see son said field trip in/ou ce company providing of the company state "None"	that my child receives at of Osceola County. Feoverage for my child. ment ar name work phe Relation work phe	one #	home by the quickest ray medical treatment that charges incurred for many many many many many many many many	means at may acdical

An Equal Opportunity Agency

FC-600-0214ERS (Rev. 12/97)

Parent/Guardian fill out entire section and sign and date.