Sleepy Hollow Middle School
Permission Slip

This is to certify that I have given _____permission to attend a school trip to Washington DC on April 29th, 30th, and May 1st, 2020. 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 _____ Cell Phone _____
Emergency Contact_____ Cell Phone _____
Past Illnesses _____
Date of Last Tetanus _____
Allergies _____
Routine Medications _____
Other Important Medical Information _____
_____
Current Health Concerns _____
_____
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 27th 2020.****