

**Laconia School District
Permission Slip**

I give my son/daughter (student's name) _____ permission to attend/participate in the activity described below:

A. Activity/Field Trip: **Ski/Snowboard Outreach Program**

B. Location of Activity: **Gunstock Ski Resort**

C. Date(s) of Activity: **Fridays- January 3, 10, 17, 24 2020 (make-up day 1/31/20)**

D. Scheduled Time of Departure: **1:45pm from WHS**

E. Scheduled Time of Return: **6:30pm at WHS**

F. Method of Transportation: **bus**

G. Student's Home School: **Woodland Heights Elementary School**

H. Student's Health

Plan: _____ Policy # _____

I. If a student is on medication, has a medical condition or has any allergies of which we should be aware, please specify,

J. Other

I understand that in case of injury or illness, I will be notified and I give permission for emergency treatment or surgery if recommended by the attending physician. In case of emergency please notify:

Name: _____

Address: _____

Telephone: _____

Parent's Signature: _____ **Date:** _____