

UNIVERSAL PERMISSION SLIP 2023-2024 ACADEMIC YEAR

(for Kindergarten - 8th Grade Students Only)

(Please print clearly)	
I,	(insert parent name) give permission
for my child,	to take part in field
trips with Harbor Country Day Scho	ool during the 2023-2024 academic year.
HOME ADDRESS:	
DAY PHONE NUMBER:	
EMERGENCY CONTACT NUMBER: _	
Please list any medication or specif	ic drugs for any medical condition (All
medications for any student should	be given to the chaperones for
safe-keeping during the trip):	
Please list any allergies or medical o	conditions we should be aware of:
SIGNATURE:	
DATE.	