## PRJNCE WILLIAM COUNTY PUBLIC SCHOOLS \* MANASSAS, VIRGINIA

## **EMERGENCY PERMISSION FORM**

## TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH MARCHING SESSION

Student's Name		Grade Age	Birth Date	
Name of School Battlefield	High School	Insurance		
		cian when evaluating your child d		
Please list any allergies to medic	eations, etc.			
Is the student presently taking m	nedication? If so, what type			
Does the student wear contact	t lenses?	Please list date of last tetanus	s shot	
EMERGENCY AUTHORIZATI Room of the nearest hospital. The necessary for the well-being o	he hospital and medical staff h	ssion in an emergency to have my ave my authorization to provide t	child transported to reatment which a ph	the Emergency ysician deems
Parent/Guardian work/cell phor	Parent/Guardian work/cell phone number Home/cell phone number			
Parent/Guardian email:				
		Phone number	·	
		emergency services for my child a vided in the Activities Guide for S		
Student Signature	Date	Parent/Guardian S		Date
FORM NO. 61582450404G (12.16)				
TO BE COMPLETED AND S		LIC SCHOOLS* MANASSAS,  ARDIAN AT THE BEGINNIN		RTS SESSION
In order to remain eligible for M All parents or guardian, and studemergency information is correct	ents must sign the card ver	rifying that the "official" plac	e of residence pro	
On this card, you listed your offi By signing this document, you a from this point forward must be	re stating the address prov	vided on the emergency card		* *
Specialty and Designated Site Pr the program in the space provide parent must notify the Director o	ed. If a student withdraws	or is removed from a specialt	*	
All parent and students understar student is ineligible for the curre		-	pdating change of	residence, the
By signing this form, I am acknothe family and student.	owledging that the address	provided is the correct and i	s the fixed and per	rmanent home of
Specialty/Designated Site Progra	ım			
Student Signature	Date	Parent/Guardian	Signature	Date

FORM NO. 615824504040 (12.16)