

LC HUNT PERMISSION FOR SCHOOL ACTIVITIES/TRANSPORTATION APPROVAL

Student Name _____ **Grade** _____

Phone number _____ **Date of Birth** _____

Address _____

1st Emergency contact Name _____ **Number** _____

2nd Emergency contact Name _____ **Number** _____

Family MD _____ **Phone number** _____

Allergies/Conditions _____

Health Insurance _____ **Policy #** _____

Pupils participating in athletics/activities at LC Hunt must be covered by health and accident insurance. This may be either private or state provided.

I give permission for my son/daughter to participate in _____ at Hunt Middle School. I certify that s/he is covered by proper accident insurance. If my son/daughter is injured in an activity sponsored by the Burlington Public Schools, I give permission to the school personnel to furnish such emergency medical care as is necessary to the student's welfare.

At times it may be necessary for parents to provide transportation to "away" activities in Chittenden County. **THE SCHOOL DEPARTMENT CAN NOT ASSUME RESPONSIBILITY FOR THE TRANSPORTATION OR THE LIABILITY OF TRANSPORTING STUDENTS IN ANY INSTANCE WHERE A SCHOOL DEPARTMENT EMPLOYEE IS NOT DRIVING.**

MY SON/DAUGHTER HAS HAD A PHYSICAL EXAM WITHIN THE LAST TWO YEARS. WE INDICATE BY OUR SIGNATURE BELOW THAT WE HAVE READ AND UNDERSTAND THE POLICIES SET FORTH IN THE HANDBOOK

(Date)

(Student's Signature)

(Parent/Guardian Signature)

Email address of **parent/guardian** for notifications:
