

Castle Rock Middle School

1441 Governors Blvd.
Billings, MT 59105

School-Related, Off-Campus Activity

The purpose of this permission slip is to inform parents of a school-related, off-campus activity. In the event that you would need to communicate with your child during this timeframe, please contact the attendance office (406-281-5807) at Castle Rock. *This form can **NOT** be substituted with a note from home.*

Name of Student: _____
(please print first & last legal name)

Activity Planned & Purpose: _____

Transportation: _____

Location: _____ Time: _____ To: _____

Date of Activity: _____

Special Requirements for Students: _____

Expectations for students: I understand that that the student has been instructed and given expectations concerning:

- a) following exactly what has been instructed by the supervisors
- b) following all school rules/regulations and any additional rules pertaining to this activity
- c) _____

(parent: insert any special instructions here)

EMERGENCY INFORMATION: *If any emergency medical procedures or treatment are required during the trip, I consent to a trip supervisor taking, arranging for, or consenting to the procedures or treatment necessary in his/her or their decision.*

Emergency Contact and Phone Number: _____
(secondary contact to the parent/guardiansigning below)

Family Physician and Phone Number: _____

Medical Info: (allergies, diabetes, etc.) _____

Insurance Co. and Policy Number _____
I authorize medical treatment to be given to the above named student.

X _____ **X** _____
(Parent/Guardian-*primary contact*-signature) (Date: mm/dd/yyyy)

*Signature indicates acknowledgement of the off-campus activity

(Address) (Phone Number)

C:WORD/FieldTripPermissionForm