



Harbor Country Day School
Embracing the extraordinary in every child.™

**UNIVERSAL PERMISSION SLIP
2020-2021 ACADEMIC YEAR**

(Please print clearly)

I, _____(insert parent name) give permission
for my child, _____ to take part in field
trips with Harbor Country Day School during the 2020-2021 academic year.

HOME ADDRESS: _____

DAY PHONE NUMBER: _____

EMERGENCY CONTACT NUMBER: _____

Please list any medication or specific drugs for any medical condition (All
medications for any student should be given to the chaperones for
safekeeping during the trip):

Please list any allergies or medical conditions we should be aware of:

SIGNATURE: _____

DATE: _____