



Harbor Country Day School

*Embracing the extraordinary in every child.™*

**UNIVERSAL PERMISSION SLIP**  
**2024-2025 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 School during the 2024-2025 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 safe-keeping during the trip):

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

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_