SUMMERVILLE UNION HIGH SCHOOL DISTRICT
ALTERNATIVE EDUCATION
OFF – CAMPUS PERMISSION FORM

I give consent that _____ may participate in a variety of off-campus activities. I understand that he/she may be jogging / walking on predetermined routes for PE, participating in community service, and going on occasional field trips. Dates, departure and return times may vary within the normal school day.

In the event that the above-named student becomes ill or injured during this time, I am authorizing the school to have them treated appropriately and, if necessary, contact medical personnel.

Emergency contact numbers _____

Name and address of insurance company _____

_____

_____

Group and/or Policy Number _____

_____ _____

Parent / Guardian signature Date