

Consent Form

Online Form

Please review the following information. Make all necessary corrections in the appropriate area. Please list one emergency contact other than yourself.

Student Name
Parent Name
Parent Phone# / Cell#
Emergency Contact Name
Emergency Contact Phone #

Please check the appropriate box that best identifies your child's participation in the upcoming event. Please return this form, signed and dated, to the Mr. & Ms. Wizard office prior to the field trip date.

My child **WILL ATTEND** the field trip to _____
_____.

My child **WILL NOT** attend the field trip.

NOTE: Please contact HCOP staff for departure and projected return date and time. You may contact our office at 910-521-6590 if you have any questions.

I consent to my child participating in the field trip on (date) _____ to
(destination) _____ sponsored by
the Mr. and Ms. Wizard Saturday Academy.

Parent's Signature

Date

Make comments here if necessary: (medical considerations, etc.)