

Plainfield Public Schools Project Grad Permission Slip to Attend



Parent/Guardian Permission Slip

I authorize my child, _____, a student in the
(Name of Child)

_____ to participate in the following 2017
(Name of School/Organization)

Project Grad Night at Plainfield High School:

Date	Time	Location
06-19-17	9:00 PM-6:00 AM	Plainfield High School 950 Park Avenue Plainfield, NJ, 07060 Cafeteria Entrance

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby release Plainfield Board of Education, its agents, assignees and employees, from any liability caused by, or arising out of participation in school sponsored event. I recognize that there is a risk of injury associated with participating and do hereby authorize the assigned staff member to provide emergency first aid. I authorize to act for me according to his or her best judgment in any emergency requiring medical attention. I also recognize that ANY medical treatment provided by sources other than the staff member on duty, such as hospitalization, will be my financial responsibility.

(Signature of Student) (Date)

(Signature of Parent/Guardian) (Date)

This form must be returned to YOUR SENIOR ADVISOR OF YOUR SCHOOL
no later than Friday, June 2, 2017