

FAIRFIELD HIGH SCHOOL
P.O. Box 399
Fairfield, MT 59436
(406) 467-2528

PARENT PERMISSION SLIP

I hereby give permission for _____
Student's Name

to participate in/attend the _____
Activity

on _____ with _____
Date Sponsor

No member of the Board of Trustees of Fairfield Public Schools or employee thereof, will, under any circumstances be held liable for accident, illness, fatality, or medical bills incurred as a result of participation in the above activity and/or as a result of travel to and from the activity.

In case of illness or serious injury, I give medical authorities permission to treat my son/daughter. (PARENT CONSENT FOR MEDICAL TREATMENT)

In the case of an emergency, I can be reached at _____ on
Phone Number

Date

Date _____ Signed _____
Parent/Guardian