

PERMISSION FORM TO ATTEND FIELD TRIP

I GRANT PERMISSION FOR _____ TO GO TO
The Freshman Overnight at Summit Lake. I RECOGNIZE THAT THE HOWARD
COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR
CONDITIONS BEYOND THEIR CONTROL.

Signature _____ Date _____

PERMISSION TO BE TREATED IF NECESSARY

I, _____ (please print) give my
permission for my child, _____ (please print)
to be treated by the school provided health staff at Summit Lake during the Outdoor
Education trip.

Parent Guardian signature _____

Date _____

**PLEASE COMPLETE BOTH SIDES OF THIS SHEET
AND RETURN TO HOWARD HIGH SCHOOL,
ATTN: MARK COVINGTON
BY JUNE 2, 2008**