



CHIGNECTO-CENTRAL REGIONAL SCHOOL BOARD

CHIGNECTO FAMILY OF SCHOOLS

ACTIVITY INFORMATION AND PERMISSION FORM

Note: This form is designed to inform parent/guardians and seek their permission to have their child(ren) engage in the activity listed below. The signature of a parent/guardian is required before a student may participate.

Student Name: _____

School: **Parrsboro Regional High School** _____

Homeroom: _____

Activity: _____

Dates _____

Method of Travel _____

Chaperones/Coach/Staff Member: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Family Doctor: _____

N.S. Health Card Number: _____ Expiry Date: _____

Medications: (Prescribed medication, allergies or medical problems etc. must be listed for chaperones and coaches)

It is expected that students who engage in school activities will conduct themselves in an orderly manner, respect superiors and obey regulations of both the organizing party and host(s). The organizing party and the school reserve the right to return any student at his/her own expense should these expectations not be met.

We understand and accept the above conditions.

SIGNATURE OF STUDENT

SIGNATURE OF PARENT/GUARDIAN