

Afton Public Schools
P. O. Box 100
Afton OK 74331

PERMIT FOR STUDENT TO TRAVEL OFF CAMPUS

Afton Public School has my permission for my child, _____

a student in the _____ grade to attend the out of town school activity.

understand the class will be going to _____

on the date of _____ and will return on _____ at _____

In granting permission for my child to make this trip, I relinquish all liability against the Afton Public School Board and its employees.

I understand there will be a staff member to supervise this activity. My permission is given for school officials to secure emergency treatment from qualified personnel, and I assume full responsibility for payment of such medical treatment should such treatment be necessary.

This form must be returned prior to your child participating in this school activity.

DATE

PARENT SIGNATURE