

**ELMSFORD UNION FREE SCHOOL DISTRICT
ELMSFORD, NEW YORK 10523**

**ALEXANDER HAMILTON HIGH SCHOOL
PARENTAL PERMISSION SLIP**

Student Name: _____

has my permission to attend the following school trip:

To: _____

On: _____ (Date)

Departing from AHHS at _____ o'clock

Returning to AHHS at _____ o'clock

The expense of this trip will be \$ _____ per student.

This permission is given with the understanding that normal precautions for the care and supervision of the students will be taken during the trip. Beyond this, I will not hold the school or those supervising the trip responsible.

Parent/Guardian's Name: (PLEASE PRINT) _____

Signature _____ Date _____

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PLEASE PRINT:

In case of an emergency on the day of this trip, please contact the following person:

Name: _____

Relationship to Student: _____

Phone # (cell/work/home): _____

Please detail any allergies/medications/health information that we should be aware of:

