

PARENT PERMISSION FORM

I hereby give my parental permission for my son/daughter _____
to attend the 7th Grade Concert Band Performance at the OMEA Large Group Adjudicated Event on
Friday, May 10, 2019. Departure time from Learwood Middle School will be at 5:45 PM. Students will
arrive back at Learwood Middle School at approximately 9:45 PM. Transportation will be by bus. The
cost is N/A per student which will include N/A .

Special requirements to be in effect are bring some spending money if the student would like to get a
snack at the concessions. All Avon Lake Board of Education/Learwood Middle School rules will be in
effect at all times during the trip. For further information, please contact Mr. Ewald at 933-8142, ext.
2105 or by email.

Parent/Guardian Signature _____

Date _____

Home Telephone _____

Parent Cell Phone _____

Parent Cell Phone _____

Emergency Medical Authorization

In the event that reasonable attempts to contact parents at the above phone numbers have been
unsuccessful, I hereby give my consent for the administration of emergency medical treatment deemed
necessary by any licensed physician or dentist. This authorization does not cover major surgery unless
the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such
surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature

Address

Date