



## HUMPHREYS MIDDLE SCHOOL PARENT PERMISSION FOR SCHOOL SPONSORED ACTIVITY

Name of activity \_\_\_\_\_

Name of staff members/sponsor \_\_\_\_\_ Contact Information \_\_\_\_\_ @pac.dodea.edu

\_\_\_\_\_ **Study Trip: This trip complements the following DoDEA Curriculum Standards**

Standards:			
Date of Trip		Destination	
Departing from School Time		Returning to School Time	
Mode of Transportation	___ Walking ___ Bus	Sack Lunch Required	___ YES ___ NO
Expenses Needed:	___ YES (Amount: _____) ___ NO		
Additional Requirement or Notice			

\_\_\_\_\_ **After School Activity (Including Student Organization Event or Afterschool Club/Activity)**

Location of the Event			
Date(s) of the Event			
Starting Time		Ending Time	
Additional Requirement(s) (Material, Clothes, Equipment, Etc.)			

\_\_\_\_\_ **Extra-Curricular Intramural Sport Activity**

Name of Sport(s)			
Duration of the Season			
Starting Time		Ending Time	
Additional Requirement(s)	Turn in to School Nurse a copy of student's current sports physical. (Sports Physical is good for 1 year. Parents should keep the original and turn in a copy to the school).		

I give permission for my child to be released in the following manner (please check all that apply):

- \_\_\_ Pick up by sponsor/parent only
- \_\_\_ Pick up by an authorized emergency contact
- \_\_\_ Release student on his/her own
- \_\_\_ Take public transportation home (taxi/bus)

I give permission for my child to participate in the activity described above.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date