Tina-Avalon R-II School
Parent/Guardian's Permission Slip

We hereby give our consent for our child/children to represent Tina-Avalon R-II School in any extra-curricular activity or school sponsored trip or function with the understanding the school will provide sufficient representatives or sponsors to chaperone.

We further agree not to hold the school district or any of its employees liable for any accidents or behavior problems to or from our child/children due to his/her negligence or misbehavior.

In case of an emergency when we cannot be reached, we give our consent for the school and it's representatives to obtain through a physician or hospital of it's choice such medical care as is reasonably necessary for the welfare of our child/children if injured in the course of school activities.

Our son/daughter is is not covered by basic accident insurance.
(circle one)

_____
Parent/Guardian's Signature

_____
Date

(For your convenience, all school age children can be listed on one form).

	Name of child/children:	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

(Revised 2013)