

UNIVERSAL TRIP PERMISSION SLIP 2005-2006

To: Educational Administration Hillel Academy of Pittsburgh

From: _____ Date _____

I hereby give my child/children permission to attend and participate in any extra curricular excursions and/or trips which relate to the school experience.

_____ Gr. _____
_____ Gr. _____
_____ Gr. _____
_____ Gr. _____
_____ Gr. _____
_____ Gr. _____
_____ Gr. _____

This waiver, which will be kept in my child’s permanent record for the school year will enable the teachers or chaperones accompanying a class trip to seek and authorize medical services and /or first aid if such becomes necessary for my child.

Also, unless I specifically request of the teacher, in writing, that my child not be allowed to participate in certain excursions, by signing this letter I am giving my permission for him/her to participate in all special activities and trips.

It is understood that all “OFFICIALLY” scheduled trips and excursions, which have the sanction of the Educational Administration of Hillel Academy, are supervised by a competent, professional staff.

SIGNATURE OF PARENT