



HENRY COUNTY SCHOOLS
NON ATHLETIC CO-EXTRA CURRICULAR
PERMISSION SLIP – FORM A

Staff Name/Grade: Jalen Carver/8th Grade Counselor

Destination: The Academy for Advanced Studies, 401 E. Tomlinson, Street, McDonough, GA 30253

Departure Date & Time: Tuesday, November 12th, 2024, 9:30 a.m.

Return Date & Time: Tuesday, November 12th, 2024, 2:00 pm

Transportation will be provided by in the following manner:

HCS bus transportation

To be filled out by parent/guardian

Please complete and return by: Friday, November 8th, 2024

Student Name: _____

My child has permission to attend the field trip.

My child has medication that should be administered during this trip. (**School please attached IHP.**)

CONSENT

If any emergency medical procedure/treatments are required by the student during the trip, I consent to the trip’s supervisor taking, arranging for, or consenting to the procedures or treatment at his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student’s participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures/treatment, if any. I **further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and for any and all claims and losses.**

Signature (s) of Parent(s) or Guardian(s)

Date

Phone Number