



Statement of Authorization

of the privilege of participation give my consent and permissic field trips, related activities and	an of in field trips, related activities a on to said child to participate in I transportation, and waive any of and any way connected to a	nd transportation, I do any and all supervised claims against Woody
If I cannot be reached in case of have full treatment given by the	of emergency or injury to my che physician on call.	nild, I grant permission to
Parent and Guardian	Date	
Signature		