

**Park Ridge Public Schools
Park Ridge, New Jersey**

OUTDOOR EDUCATION PERMISSION SLIP

Please check the appropriate area, sign, date, and return this form to your child's teacher by Monday, April 6, 2020.

_____ I give my child _____
permission to attend the Outdoor Education Program at the Bernie
Environmental Center from Wednesday, May 27, 2020 through Friday,
May 29, 2020.

I understand that in the event of a medical emergency every effort will be made to contact a parent or guardian. In the event that I cannot be reached I hereby give permission to the physician selected by school personnel or the nurse on duty at the Bernie Environmental Center to secure the necessary medical treatment, as determined by said physician for my child.

_____ My child, _____
will not participate in the Outdoor Education Program. I understand
that this program is a part of the school program and that he/she must
attend school on Wednesday, May 27, 2020 through Friday, May 29,
2020.

Parent/Guardian Signature

Date

It is imperative that school personnel be able to reach a parent or guardian or the child physician in the event of an emergency.

Please COMPLETE ALL of the following information:

Home Telephone Number(s)

Father's Business Telephone Number
Business Hours: _____

Mother's Business Telephone Number
Business Hours: _____

Name of Child's Physician

Physician' Telephone Number