

Drew Central High School
Off-campus Permission Slip

_____ has my permission to go to _____ on
_____ with _____, of Drew Central High School.

The bus will be leaving at approximately __ a.m. and will be returning to campus approximately __ p.m.

I give my permission for my child to be treated in case of a medical emergency.

Name of health insurance co.

Policy holder and number _____

Parent/Guardian's Signature _____

Parent/Guardian's contact number _____

Known allergies: _____

Sponsor's cell: