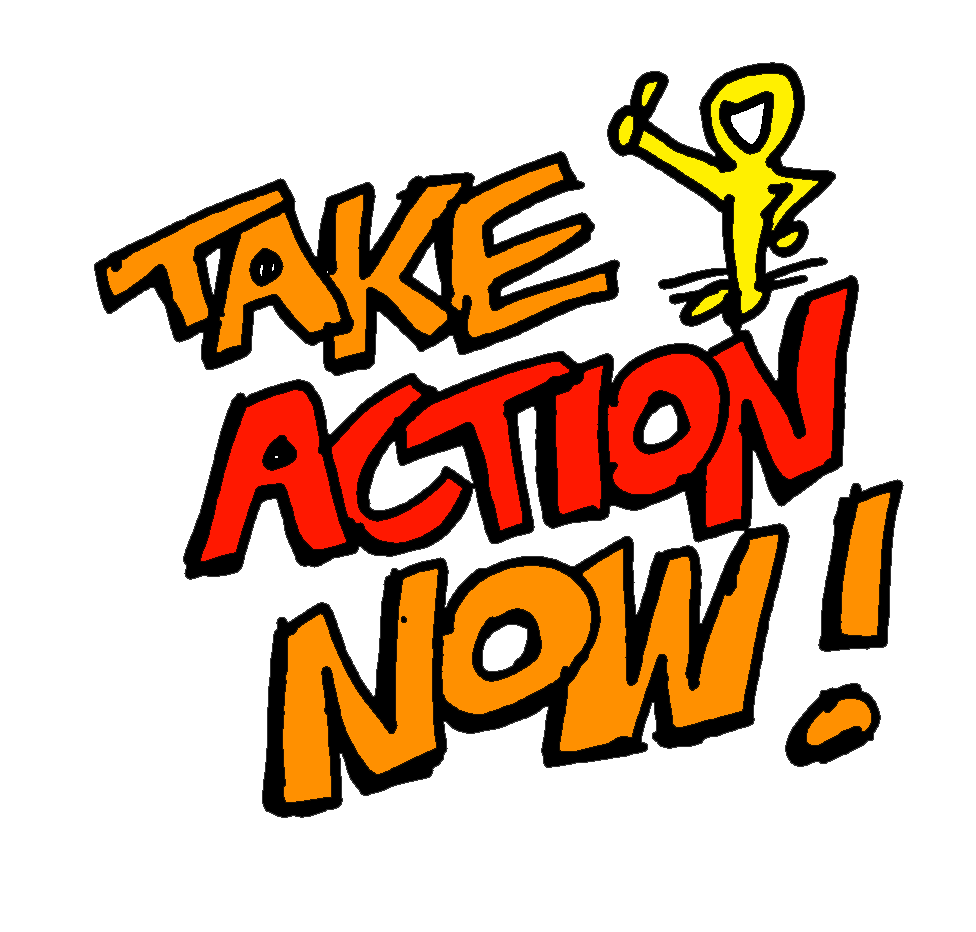
**Please Turn Over for More Information & Signatures!**

**Permission Slip**

**Wahsega Experience Environmental Education Program**

**Student's Name:**

**Date of Signatures Below:**

For your child to participate in this educational trip, it is necessary for him/her to have your permission and for you to supply required information.

**1.** My child has permission to participate in the Environmental Education Program at Wahsega 4-H Center.

**Parent/Guardian Signature:**

**2.** I understand my child must have accidental insurance coverage to attend the Wahsega trip. Therefore, event insurance will be purchased by Medlock Bridge for each student. If your child has additional health insurance, please provide the following information:

Policy Number:

Company Name:

Company Address:

**Parent/Guardian Signature:**

**3.** I give permission for my child to be taken to a doctor or hospital for medical treatment should the need arise.

**Parent/Guardian Signature:**

**4.** The phone number where I may be reached in case of emergency:

**Day:** **Evening:**

**Please turn over for further questions & signatures**

**5.** My child is allergic to the following:

Circle All that Apply: **Bee stings:** YES NO **Poison Ivy:** YES NO

Other Medication Allergies:

Food Allergies:

Other:

**6.** I give permission for minor cuts, scratches, etc. to be handled by school personnel.

**Parent/Guardian Signature:**

**7**. My child will need vegetarian meals (please circle one): YES NO

8. I give my permission for my child to watch “G” & “PG” rated movies on the coach trip to and from the Wahsega facility (please circle one):

YES No

**Parent/Guardian Signature:**