New Direction

Annual Permission Slip

I/We authorize _____ to participate in field trips authorized by the New Direction Research Center.

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on field trips? Yes_____ No _____
If yes, what is the problem and what special considerations should be made?

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

_____ _____

Signature of Parent or Guardian **Date**

Emergency Telephone: _____

Additional Information (If applicable):

_____

_____

_____