



PARENT REQUEST FOR FRENCH CAMP PARTICIPATION

I hereby request that my daughter, _____,
participate in the French Camp at Presentation High School and grant permission for her participation.

I understand that the French Camp is offered at **no charge** and is intended to give my daughter an introduction to the French language and culture.

The French Camp will be held at Presentation High School in Room 31 on Wednesdays January 18-March 29, 2023 from 3:40-5:00. French Camp **will not** be held February 22, 2023 because Presentation High School will be closed.

I agree to direct my daughter to cooperate and conform to directions and instruction of supervisory personnel in charge of the French Camp. Should it be necessary for my daughter to have medical treatment while participating in French Camp, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

Please indicate any medications your child is currently taking, any allergies or medical conditions we should be aware of. This information will be kept confidential.

I agree that in the event my child is injured as a result of her participating in French Camp, including transportation to and from this activity, through the negligence of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance or any available benefit plan of mine or of my spouse.

By signing this permission slip, I also acknowledge that I am aware of my daughter's mode of transportation and that the owner and driver of the vehicle are responsible for the insurance liability for any accident, injury, or damage that might occur in transporting my daughter to and from this activity.

I am also aware that my daughter must be picked up by 5:00 pm on French Camp days.

Signed: _____ Home Phone: _____
(Parent or Guardian signature)

Work Phone: _____ Cell Phone: _____

Email address: _____

In case of an emergency, we may contact: _____

Phone: _____ Relationship to student: _____

Dated: _____

