

Jackson Preparatory School
P.O. Box 4940
Jackson, MS 39296

Parent Statement of Consent

I, or we, certify that it is with full knowledge and consent that _____
(student's name)

may participate in _____

on the following date _____.

While I expect school authorities to exercise reasonable precaution to avoid injury, I, or we, understand that neither the Board of Trustees of JACKSON PREPARATORY SCHOOL, nor any of its agents are responsible for any injuries or damages sustained by my child as a result of or in any way connected with his participation in this activity.

I, or we, give my permission for my child to be taken to the nearest hospital or emergency medical facility in case of a medical emergency.

I, or we, understand that my child will be expected to obey the rules of JACKSON PREPARATORY SCHOOL at all times during the school trip. I further understand that my child will be sent home at my own expense if he/she fails to obey these rules.

Signature of Parent or Guardian

Date

Home Phone _____

Work Phone (F) _____ (M) _____

Emergency Contacts (names and phone numbers)

(1) _____

(2) _____

Allergies _____

Medications _____

I agree to follow the instructions of the chaperones and tour director and to stay with the group at all times. I realize that I may be sent home at my expense at the discretion of the chaperones.

Signature of Student

OUT OF TOWN TRIPS _____

Health Insurance Company and number