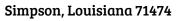


## SIMPSON HIGH SCHOOL

P. O. Box 8 4262 Hwy. 8



Phone: 337-383-7810 Fax: 337-383-7655



Ramona Bennett Principal

Kayla Hopkins **Assistant Principal**  **Nancy Blalock** Counselor

## **SCHOOL TRIP PERMISSION FORM AUTHORIZATION FOR MEDICAL TREATMENT**

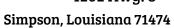
Dear Mrs. Bennett:	
either in writing or verbally pertaining to any rule, at any time, I will be sent home organization I am representing, and will	tend the trip indicated below that I will abide by all the rules given to me this trip. I have been informed of these rules and agree that if I break immediately at my parent's expense, will lose my membership in the be subject to appropriate disciplinary action by the principal and on the school campus, and will be barred from attending other school
	Date:
(Signature of Student)	
and/or discussed the rules of this trip with High School faculty and administration a other than the reasonable and prudent supunderstand and agree that if my son/daug son/daughter home at my expense on the I further understand that administrators, of encounter problems in obtaining needed authorization by parents. Therefore, pleas my son/daughter is participating are emp	ighter (named below) to participate in the trip listed below. I understand h my son/daughter. I relieve the Vernon Parish School Board, Simpson and sponsors of this activity of any responsibility for my son/daughter, pervision and care from the time of departure until the time of return. I there violates any rule, the advisors will notify me and send my first available means of public transportation.  Coaches and other sponsors on school trips and other events sometimes medical treatment of children on these school trips due to lack of use know that sponsors of the school trip or event listed below in which owered by me to authorize physicians and medical facilities to a treatment for my son/daughter, the cost of which I will be responsible her benefits.
(G: (D ()	Date:
(Signature of Parent)	
AUTHORIZATION FOR:	
	(Name of Student)
NAME OF TRIP OR EVENT: DATE OF TRIP OR EVENT:	
EMER	GENCY CONTACT PERSON (S):
Name:	Phone:

Working Together, Reaching for Success, Striving for Excellence at SHS! Every Child, Every Day, Whatever It Takes!



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Ramona Bennett	Kayla Hopkins	Nancy Blalocl
Principal	Assistant Principal	Counselor
Name:	Phone:	