

**Whitefish Bay –Shorewood Nursery School**

Telephone (414) 964-3590

**Parent Permission for School Sponsored Activity**

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(Name of Child) \_\_\_\_\_ has the opportunity to participate in a Whitefish Bay –Shorewood Nursery School (“the School”) activity away from the School premises. If you approve the following arrangement, please sign at the bottom of this section and return to the appropriate School official.

NATURE OF ACTIVITY Communicated thru Teachers in Weekly Newsletters

DESTINATION Stated in Weekly Newsletters

DATE Sept-June TIME OF DEPARTURE tbd TIME OF RETURN tbd

TRIP SUPERVISOR All supervision needs will be communicated per event

MEANS OF TRANSPORTATION: (Sponsor please check)

- A. I am transporting my child \_\_\_\_\_
- B. My Child may be transported with: \_\_\_\_\_
- C. Commercial (Name of company) n/a
- D. Other (Specify) \_\_\_\_\_

- I hereby give my permission for my son/daughter to participate in the above-described activity.
- I understand and accept the risk inherent in the School activity in which my son/daughter will be participating and that he/she is expected to abide by all School regulations during the course of the activity.
- I understand that the School is responsible for the conduct or safety of my son/daughter only while he/she is or should be under the immediate and direct supervision of an employee of the School.
- I agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be provided to my son/daughter, as medically necessary, and without financial obligation to the School.
- I hereby acknowledge that as a condition of my son/daughter participating in the activity, I agree to indemnify and hold harmless the Whitefish Bay –Shorewood Nursery School, its agents, its employees, its volunteers, its governing board, the individual members thereof, and all other School officers from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of this school activity.

Signature of Parent/Guardian \_\_\_\_\_

My Emergency Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_