

Field Trip Permission – Application will be returned if received without signature

I hereby give permission for _____ to attend
(Student's Name)

all field trips with his/her 2010 Summer Academy Class. I understand that I will receive information regarding **all** field trips beforehand.

Parent/Guardian Signature - **Required**

Date

Consent for Release of Information to Media and on Summer Academy Web Site

Summer Academy may wish to use a photograph of your child's general class activities for promotional and educational reasons, such as on the District web site. Please sign below and indicate if the Summer Academy has permission to use a photograph of your child. If you do *not* check YES there will be *no* release of this data on the Summer Academy web site or to the media.

_____ **YES**, I give permission to the Summer Academy to use a photograph of my child for the Summer Academy web site or local media.

Parent/Guardian Signature: _____

Please List Any & All Health Concerns Below (please be as detailed as possible – attach another sheet if necessary):

Make Checks payable and mail to:

**Summer Academy
2697 East County Road E #533
White Bear Lake, MN 55110**