



SHARE CO-OP

Permission Slip & Waiver of Liability for Class Trip

I give permission for (name of child) _____ to participate in the
(name of class) History Detectives class trip,
to (fieldtrip Location) National Archives & Lib of Congress
Washington DC on (trip date) 4/10/14.

I give permission for my child to ride with the teacher or helper. In the unlikely event that any emergency medical treatment be required for my child during this trip, I also give my permission for medical treatment.

I agree to release PACE, SHARE Co-Op and MLBC from any liability arising from my child's participation in this class trip.

Parent's Signature: _____ Date: _____

Print Name: _____

Phone Contact: _____