

Boston Renaissance Charter Public School



I _____ give my permission for _____ Gd. Level _____
(Parent/Guardian) (Student, Full Name)

BRCPS Scholars Summer Program

Please read the following information about BRCPS Scholars Summer Program field trips and sign below:

1. My child will be under the direct supervision of **BRCPS Scholars Summer Program Staff**.
2. I understand that my son/daughter will be obliged to abide by the BRCPS Summer Program Expectations while attending field trips.
3. In the event of illness or injury to my child/ward, I expressly give consent to **BRCPS Scholars Summer Program Staff** if I cannot be reached for emergency medical care with the opinion of attending medical personnel when such action is advised.
4. I further authorize **BRCPS Scholars Summer Program Staff**, to act on my behalf as guardian of my child/ward while participating in the event mentioned above.
5. I have read this permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.
6. **Students will travel by BRCPS van.**

Parent/Guardian's Signature _____ Date _____
Relationship _____

Home Phone _____
Cell Number _____

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