**PARENTS’ AND GUARDIANS’ RELEASE OF LIABILITY**

I understand that **HOUSTON COUNTY HIGH SCHOOL** is going to participate

in \_\_\_Advanced Placement Exams – APES in \_\_\_\_\_Perry, Ga\_\_\_\_

(Name of Activity) (Location)

With \_\_HCBE\_. I understand that my child will be away from

the school on \_May 1, 2017\_\_ , leaving at \_7:00 \_ am and

(Date) (Time)

returning at \_\_12:00\_\_ pm.

(Time)

# I hereby give **HOUSTON** **COUNTY HIGH SCHOOL** permission for \_\_\_\_\_\_\_\_\_

# to participate in this activity.

# (Name of Student)

Should my child need immediate medical attention, **HOUSTON COUNTY HIGH**

**SCHOOL** has my permission to seek immediate medical treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN DATE

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The bottom of this form must be filled out completely.

Phone numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_