

Magic Valley Commonwealth School Off-Campus Activity Permission Slip

I give permission for my child (**name**) _____ to attend
(name of event) _____, an off-campus activity,
fieldtrip, event, etc., on (**date**) _____. I understand and
give permission for my child to ride with the mentor, assistant mentor or other parent
volunteer. *Students must ride with adults to and from the meeting place to the activity, if
applicable (example: meeting at the church to then drive to Boise).*

Exceptions and notes as follows:

_____.

**I also understand that my child will *NOT* be covered under Magic Valley
Commonwealth School's insurance for this event *NOR* for transportation to and
from the event.**

Parent Signed: _____

Parent Printed Name: _____

Date: _____

Contact Phone Number: _____