

ROCKY HILL HIGH SCHOOL
Rocky Hill, Connecticut

PERMISSION SLIP

We, the parents of _____ grant him/her our
permission to attend _____

on _____ at _____ a.m./p.m.

We understand that _____ adults will be present and will fully supervise all
activities.

You have my permission to call a doctor if an emergency should arise.

Mr. _____

Mrs. _____

Guardian _____