**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_