Principal
Dr. Matt Irvin

Activities Director
Mr. Jerry Collins

WEBSTER GROVES
HIGH SCHOOL

Assistant Principals
Mr. John E. Thomas
Dr. Shiree Yeggins
Ms. Madeline Raimondo
Mr. Dwight Kirksey

OFF-CAMPUS SCHOOL ACTIVITY AGREEMENT FORM

For Parent and Student

Student's Name _____

Dear Parent or Guardian:

This is to indicate your permission for the above named student to participate in the **following activity** on the **following date(s**): Summer School June 7th thru July 9th, 2021

This is to indicate your permission for student to be transported by:
( ) bus
( ) private car with faculty member or other adult
( ) other Walking/Running to Blackburn Park or Moss Field

Recognizing that said student may become ill or be injured while participating, this indicates that you authorize any physician or hospital to render such medical treatment to said student as shall, in the opinion of a physician, be necessary or desirable on the above date or dates. Your signature authorizes any employee of the Webster Groves School District to have medical or hospital treatment to be given to such student on behalf of such student. Your signature indicates that you agree to indemnify and hold harmless such school district or any of its employees for any actions, which result in the giving of medical or hospital treatment to such student on such date or dates.

I have read and agree to all of the above and give my permission for my student to attend the field trip. I also understand that my student is responsible to ask his or her teacher for missed assignments and to complete all assignments. Failure to do so may result in school consequences.

_____**Date**_____ **( )** _____
Signature of Parent or Guardian **PHONE**

Dear Student:

Your signature below indicates you understand that on this activity you will represent Webster Groves High School. It also indicates that you understand that this activity extends the campus of your school and that all **school rules and policies apply during the entire time you are on this activity**. It also indicates you understand that the same disciplinary consequences as outlined in the student handbook will be enforced. It also indicates that you understand **you are responsible for all missed assignments and that consequences may be assigned if you do not complete assignments**, consequences will include detention and not being allowed to attend future field trips.

Date: _____ **Signature of Student:** _____