



(715)378-2263 - www.solonk12.net

SCHOOL DISTRICT OF SOLON SPRINGS


8993 E Baldwin Avenue - Solon Springs, WI 54873

2023 Summer School Permission Slip/Photography

Dear Parent or Guardian,

Teachers in the Solon Springs School District plan educational experiences and excursions away from the school building during the course of summer school. It is our policy to notify parents about these experiences and to require permission from parents. This slip will give permission for your student to go on **ALL** trips. It will be kept on file with the teacher's records and will serve as your permission for all trips during the summer school program. Parents will receive prior information about each field trip. You are free to inform the teacher if you would not like your child to participate in a particular activity.

Photographs will be taken during Summer School Sessions. Please contact our Coordinator, Julie Fromm if there are any questions. 218-343-9206 or jformm@solonk12.net



Please fill this form out and return it with your summer school registration by May 12th!

Sincerely,

Holly Jones Solon Springs School Principal

I understand the nature of the school activity in which my child will be participating and that he/she is expected to abide by all school regulations during the course of the activity. I hereby give my permission for him/her to participate in the described activity(s). In the event of an accident, illness, or any other circumstance requiring medical treatment, I authorize treatment to be initiated at any medical facility to which my son/daughter has been transported.

I further agree that if my child receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon district's request.

IMPORTANT MEDICAL INFORMATION THE TEACHER/ADVISOR SHOULD KNOW: _____

EMERGENCY CONTACT: _____ TELEPHONE NUMBER: _____

THIS FORM SHALL BE KEPT BY THE TEACHER/ADVISOR/CHAPERONE DURING THE FIELD TRIP AND A COPY LEFT AT THE SCHOOL OFFICE.

Student Name: _____ Grade: _____ has my permission to participate in school approved and supervised field trips (including swimming) during the 2023 summer school program. I understand that I will be notified before each field trip about the purpose, destination, and time of each field trip.

My child needs to wear a life vest. (Circle) Yes or No

T-shirt size: _____

Parent Signature _____ Date _____