

### Parent Permission Form for the Cross Town Express

I/We, the parents/guardians of \_\_\_\_\_ give permission for our daughter/son to participate in the Cross-Town Express evening program on Friday, November 13, 2009. We understand that our daughter/son will be traveling by the First Student Bus Company from the Trackside at 15 Station Road to the Wilton Library at 137 Old Ridgefield Road to the Wilton Family Y at 404 Danbury Road.

We agree to release and hold harmless the Wilton Library Association, Trackside Teen Center of Wilton and the Wilton Family Y, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interests and expense (including attorneys' fees and costs) arising from travel and all evening activities.

In the event of an injury requiring medical attention, I hereby grant permission to the staff (including volunteers) to attend to my daughter/son. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs during the evening and I cannot be located.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Contact phone for night of **Cross Town** \_\_\_\_\_

Emergency Contact Name/Phone & Relationship: \_\_\_\_\_

Please check below IF your child has sensitivity to:

Bee Sting \_\_\_\_\_ Nuts \_\_\_\_\_ Dairy \_\_\_\_\_ Latex \_\_\_\_\_ Other \_\_\_\_\_

Required medications: \_\_\_\_\_

Please check below IF your child has:

Asthma \_\_\_ Diabetes \_\_\_ Kidney Injuries \_\_\_ Seizure Disorder \_\_\_ Heart Condition \_\_\_ Other Medical Condition \_\_\_\_\_

Required medications: \_\_\_\_\_

Other medications: \_\_\_\_\_