



**Home Instruction Schools**

Ramona Pizarro , Principal /

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**PERMISSION FORM**

Date \_\_\_\_\_

I give my (son) (daughter) \_\_\_\_\_  
permission to attend (name of activity) \_\_\_\_\_  
Address of Activity \_\_\_\_\_  
Date(s) \_\_\_\_\_

I also give permission to have my child's picture taken.  
CHECK ONE Yes \_\_\_\_\_ No \_\_\_\_\_  
This has the approval of the child's physician  
Parent's Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Telephone No. \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Ambulatory (Check one)	Yes _____	NO _____
Is wheel chair to be used (Check One)	Yes _____	No _____
Needs transportation (Check One)	Yes _____	No _____
Needs lifting into bus (Check One)	Yes _____	No _____
Will parent accompany child (Check One)	Yes _____	No _____
Will teacher accompany child (Check One)	Yes _____	No _____

Remarks \_\_\_\_\_

**LIST FOODS PROHIBITED**

\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO TEACHER:** Never transport a  
pupil in a car or other private conveyance.  
Public transportation must always be used.

Teacher's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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