

Calvert School

105 Tuscany Road
Baltimore, Maryland 21210
410-243-6054 * FAX 410-243-0384

2009-2010 School Year

Student _____ **Grade:** _____
(Last) (First)

GENERAL PERMISSION

My child, _____, has my permission to leave school grounds with her/his class for all school-sponsored trips.

I understand that:

- I will receive detailed plans in advance of any major trip
- Transportation will be provided by school personnel, school van or charter/school bus unless specifically notified otherwise
- Separate permission slips will be sent home for overnight trips
- Any medications required (prescription and non-prescription) will be administered by the faculty member(s) accompanying the children

Signature(s) of custodial parent(s) or guardian(s)

Date