

SCHOOL DISTRICT No. 36 (SURREY) PARENT PERMISSION FOR IEP RELATED ACTIVITIES

			Date:	
Individual Edleaving the se	ducation Plan (IEP) chool, having this fo	and which take place away from so	e types of activities outlined in your child's chool. As there may be risks involved when pate in activities that support the goals of their	
	_	prior to any classroom fieldtrips or ac mission form for those trips/activities.	ctivities not detailed in your child's IEP, and be	
School Name			Personal Education Number	
Student Name			Date of Birth (yyyy/mm/dd)	
Principal/VP Signature		Case Manager Signature	Classroom Teacher Signature	
The following		be initialled by parent/guardian for	approval to be granted: child's IEP and am confident in my child's	
	ability to participate in activities supporting his/her IEP goals that take place away from school.			
		I understand that many of these activities will involve leaving the school property, accompanied by a School District employee, and travelling by foot, private vehicle, public transportation or school bus.		
_	I hereby grant permission for my child to participate in the types of activities that support his/her IEP and take place away from the school and accept the risks involved.			
	In the event of an emergency, I understand that you will try to contact me. If contact cannot be made in a timely fashion, I hereby give my consent for the responsible Surrey School District employee to authorize any necessary treatment or hospitalization. I understand that school or district personnel will continue efforts to make contact with me.			
Parent/Gua	rdian Agreement:			
		s Parent Permission Form. I understand in writing to the School Principal.	and that I may revoke this agreement at any	
Name of Pa	rent/Guardian	Signature of Parent/Guardian	n Date	