

Student Name _____ *Teacher* _____ *Grade* _____

Battle Ground Public Schools
PARENT PERMISSION & INSTRUCTION FORM
Pedestrian Monitor Program

My son/daughter _____ has permission to participate in the student Pedestrian Monitoring Program. My child and I both understand that he/she will be expected to walk with the monitor to and from school everyday unless otherwise communicated by the parent/guardian to the school with a written note or phone message.

In the morning, my child will meet the monitor at: _____
(location)

In the afternoon, my child will meet the monitor at school and walk home to: _____
(location)

I will notify the school in writing or by telephone if there is any change in the above arrangements, other than absence. We understand that it is our responsibility to meet the monitor at the arranged intersection at the appropriate time.

In the event of an **Unscheduled Early Dismissal**, my child will:
Go home as usual _____ or Other _____

I can be reached by phone at _____ between 8:00 am and 4:00 pm
I can be reached at other times at _____
An alternative emergency contact is _____
(name) (phone)

My child has the following allergies, health problems, and takes medications (describe)

In the event of illness or accident, I authorize school designated personnel to approve emergency medical care.
Name of Insurance Company _____
Policy Number _____

Further, I agree to indemnify and hold harmless the Battle Ground School District

Signature of Parent or Guardian Date

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and school. I understand school rules of conduct apply while on the trip.

Signature of Student Date