

HUNTER SAFETY PROGRAM PERMISSION FORM

School: Southeast Guilford

Program: Hunter Safety

Several hunter safety practice sessions have been planned which will serve as an enrichment experience for those students participating in the Hunter Education program. The practice sessions will serve as a preparatory/follow-up activity to supplement a regularly scheduled contest of the hunter education program. Students will not be allowed to participate, unless parental permission is granted.

The school system is responsible for students based on the laws of the state of North Carolina. In the event that an accident happens, medical assistance should be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian.

The behavior of our students as it relates to safety is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action up to being returned home separately at the parent's expense.

I, (student's name) _____ have read and agree to the above
Student's Signature: _____
Student's Complete Address: _____
Student's Email Address: _____
Student's Hunter Education Certification Number: _____
Student's Cell Phone Number: _____ Student's T-shirt size: _____
Student's Date of Birth: _____ Student's Grade: _____
Circle All Events Interested In: .22 Rifle Shotgun Bow Hunter Safety Skills/Orienteering

I hereby certify that (student's name) _____ has permission to participate in the Hunter Safety Program in according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teacher or hunter safety instructor to seek medical assistance, and I will assume responsibility for all expenses.

Parent's Printed Name: _____
Parent's Signature: _____
Parent's Phone Number(s): _____
Parent's Complete Address: _____
Parent's Email Address(es): _____
Doctor's Name: _____ Dr. Phone Number: _____
Name of insurance company: _____
Policy Number: _____
If the parent cannot be located in the event of an emergency, contact:
Name: _____ Phone Number: _____
Address: _____
Relationship: _____
Date _____