

PINELLAS COUNTY SCHOOLS
PHYSICAL EDUCATION SWIM PARTICIPATION PERMISSION FORM

(Please Print)

School _____

I (We) hereby grant permission for _____ to participate in
Student Name

the Physical Education Swim Program to be held at: _____ .

I understand transportation to and from the pool will be provided by:

- | | |
|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Rental Vehicle |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Commercial Transportation Carrier |
| <input type="checkbox"/> Private Passenger Vehicle | <input type="checkbox"/> Other _____ |

1) I authorize school representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.

2) I have noted below any special precautions/instructions regarding my child's health-related conditions or allergies.

_____ Signature of Parent/Guardian	_____ Home Phone	_____ Work Phone	_____ Date
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_____ Alternate Emergency Contact	_____ Home Phone	_____ Work Phone
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