

# OHVA Outing Permission Form

Print this page, fill in the information, sign it, and bring it with you to the outing.

\_\_\_\_\_ has my permission to attend  
Child(ren)'s Name(s) \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_  
Name of Outing Date

Below are emergency numbers where parents or designee can be reached during the hours of the event/outing.

Learning Coach \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name (if different from Learning Coach) \_\_\_\_\_

Parent Phone \_\_\_\_\_

### Other Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

In case of an emergency, and I am not available, the OHVA staff has my permission to secure medical attention for my child.  Yes  No

Please note any special medical conditions: drug allergies, diabetes, food allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to be photographed while on the outing, and for photos to be used in school newsletters or publications.  Yes  No

If injuries are incurred by my student or myself, I will not hold Ohio Virtual Academy liable, and understand it is my responsibility to supervise my child(ren) during a school event.

\_\_\_\_\_  
Signature of Learning Coach/Parent

