

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

