

SHALOH HOUSE OFF SITE CONSENT FORM

I give permission for my child, _____,
to participate in a walk along Ethyl Way and the neighboring side streets within the Knollsbrook
Condominium Community in Stoughton with his/her class and teacher(s) during the 2020-2021
school year. In the event that my child requires medical care, I hereby authorize the doctor
and/or hospital to perform all necessary treatment. The authorization granted by this form will
only be used when absolutely necessary and only after every attempt has first been made to
contact me.

Name of parent or legal guardian

Address

Emergency contact telephone number

Signature of parent or legal guardian

Date