



SUNRISE MIDDLE - 2021 SUMMER PROGRAM

June 21 to July 16, 2021

I hereby give my student, _____, permission to attend the Sunrise Middle School Summer Program, from 8:30 am to 3 pm. Mondays through Fridays, June 21 through July 16. There will be no classes on July 2nd due to the Fourth of July holiday. ***This form is due May 1, but slots are limited this year and may be filled before then.***

I understand that the program will include academics, recreational activities, field trips and swimming,

My signature below indicates that I fully understand and choose not to and will not hold Sunrise, any of its agents, assigns, employees, or volunteers liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in the summer school activities, except in the case of gross negligence.

As the parent or legal guardian, I hereby also give consent to Sunrise Middle School to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist for my student. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well being of my dependent.

I understand that I will be asked to give further permission if my student is to attend one or more of the summer program field trips.

I hereby also agree to pay \$40 for this summer program, knowing that the money will be returned to me upon my student's completion of the program with no more than two days absent. The \$40 is being submitted along with this permission form.

Student's Name	Grade in 2020-21	Grade in 2021-22
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Parent's Name	Parent Signature
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Parent Phone Number	Alternate Parent Phone
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Emergency Contact 1	Phone Number
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Emergency Contact 2	Phone Number
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Medical Insurance Carrier	Group or Policy Number
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