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## PERMISSIONS FORM

I / We, the parent(s) / guardian(s) of \_\_\_\_\_ give permission:

\_\_\_\_\_/\_\_\_\_\_  
(Please initial here)

- for this student to attend all field trips sponsored by the school.

\_\_\_\_\_/\_\_\_\_\_  
(Please initial here)

- for Hamlin Robinson School to exchange confidential information regarding this student with counselors, doctors, psychologists and other professionals, and to retain such materials in the student's file.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_