

PERMISSION SLIP

Children's Hospital Colorado Service Learning Field Trip

(Thursday, April 12th, 9:30am-2pm; Friday, April 20th, 9:30am-2pm; Thursday, April 26th, 9:30am-2pm)

I, _____, give permission for my child,
(Parent/Guardian)

_____, to ride the school bus to and from the Children's
(Student Name)

Hospital Colorado (13123 E 16th Ave, Aurora, CO 80045) for the service learning projects happening on (**circle one**) April 12th, April 20th, or April 26th.

By signing the space below, I am providing permission for my child to attend the field trip with Denver Online High School and will not hold the District responsible for any injuries sustained while attending.

(Signature)

(Date)

This permission slip must be completed and turned into Kaci Sintek by the time of the field trip or the student will be unable to attend. It must be a hand-written signature (not typed).

For more information about the field trip please contact Kaci Sintek: 720-424-8284,
Kaci_Sintek@dpsk12.org