



Canyon Ridge Middle School
12601 Country Trails Lane, Austin, TX 78732
(512) 434-7550



Permission Slip for VIPER CAMP

Return to your 4th period teacher by May 22, 2018

To Whom It May Concern:

My son/daughter has my permission to attend and participate in:

Activity: VIPER Camp

Location: Vandegrift High School

Date(s): May 24, 2018

Time: 9:15 AM - 2:30 PM

Cost: None (unless buying lunch)

My child has promised that he/she will conduct himself/herself in a manner that will promote a positive reflection upon our school and students.

I understand that my child will be chaperoned at all times.

I also authorize Leander I.S.D. to represent me, in the event of a medical emergency, at any medical institution receiving my child. Furthermore, the Leander I.S.D. representative may give the necessary authorization for surgery when medical authorities deem it indispensable.

Student's name: _____

Signature of Parent/Guardian: _____

Date: _____

Please print the following information:

Parent's first name: (Mom) _____ (Dad) _____

Last name (if different than child's) _____

Complete address: _____

Telephone: (Mom) Home _____ Work _____ Cell _____

(Dad) Home _____ Work _____ Cell _____