



Meeting Street

believing in the possibilities

Permission Form for Pool Activities for Students with Trachs/Vents

Student's Name: _____ **D.O.B.:** _____

I grant permission for my child, _____, to participate in swimming field trips. I understand that a nurse will be on the field trip to address any respiratory issues that may arise, and the staffing ratio will be one-to-one. This authorization will be effective for the school year of _____.

Parent/Guardian Signature

Relationship to Student

Date