

STUDENT NAME:  
STUDENT NAME:  
STUDENT NAME:  
STUDENT NAME:

FIELD TRIP: The Maryland Zoo in Baltimore  
DATE: Friday, Jan.25<sup>th</sup> at 1:30pm

## PERMISSION SLIP

*Parents may accompany or drop-off students at the 60-minute ZOOLab.*

I, \_\_\_\_\_ am the parent/guardian of the student(s) listed above. I give permission for my child(ren) to attend a Cracking the Cranial Code ZOOLab Field Trip at the Maryland Zoo in Baltimore with Howard County Homeschooling.

I understand that my child(ren) will be under my supervision or in the care of other responsible adults. I agree to indemnify and hold HCHC harmless from all liability and claims for any damage.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Email this signed permission slip to [rayna@hchomeschooling.org](mailto:rayna@hchomeschooling.org)

