

FAX – (225) 757-3428

RTL: _____

Louisiana School for the Deaf
Weekend Guest Permission Form
2008-2009 School Year

Your Child's Name: _____ Dorm: Elementary
 Middle School
 High School

MY SON/DAUGHTER'S WEEKEND PERMISSION:

This form must be submitted to your child's Dorm Team Leader no later than 5:00 p.m. on the Tuesday prior to the weekend of departure.

My son/daughter will spend the weekend at the home of:

Host Student's Name: _____

Release Date: _____ Return Date: _____

I understand that the school is not responsible for my child after he/she leaves the grounds with the above-mentioned individuals. I also understand that **no medications** will be sent from the school to the home of the host family where my child will be staying. If medications should be given at this time, I understand it is my responsibility to supply these medications and ensure that the host family will administer the needed medication appropriately. I can be contacted at the following telephone number(s): _____ for any questions about this visit.

Parent or Guardian's Signature: _____ **Date:** _____

NOTE: RECEIVING PARENT MUST ALSO SUBMIT PERMISSION TO RECEIVE VISITING STUDENT.

DO NOT WRITE BELOW THIS LINE

Verified by Dorm Team Leader: _____ Date: _____

Comments:

Original: Student Life Office
Copy: Team Leader
Staff Supervisor
Transportation Coordinator