

**Connecticut State Association of Math Leagues
ARML Meet at Penn State University
Student Permission Form**

Student's name _____

Father's name _____ Mother's name _____

Address _____ Address _____
(if different)

City _____ City _____

Home phone _____ Home phone _____

Business phone _____ Business phone _____

Cell phone _____ Cell phone _____

Name and phone number of close friend or relative _____

Name and phone number of family physician _____

Any student medical condition of which chaperone/coach should be aware:

Where will the student be picked up by the bus? (Please circle one.)

Rocky Hill West Haven Darien

A copy of the travel information is provided.

I/we authorize the chaperone/coach to act in the best interests of my/our child in the event of an emergency when the parents cannot be reached. I/we bear sole responsibility for damage or loss to personally owned student property.

Date _____

Signature(s) of Parent/Guardian(s)

