



Lakeland High School
 214 Kenyon Road
 Suffolk, VA 23434
 (757) 925-5790
 Principal: Douglas Wagoner

Community Service Parent Consent Form

Student's Name:	Grade:	
Site Supervisor's Name:		
Service Site Name:		
Service Site Address:		
Service Site Telephone Number:		
Start Time:	End Time:	
Student will leave from (circle one)	Home	School

Parent's Release

As the parent/legal guardian of the student named above, I hereby give permission for my son/daughter to take part in the Community Service Program at the site indicated above.

I understand that my child will travel to and from the community service site unaccompanied.

I agree not to hold the school or any of its employees responsible for any expenses of injuries that my child may incur while engaged in program activities, including travel to and from community service sites.

I understand that my child is responsible for his/her behavior at all times and that my child may be sent home unaccompanied at my expense, if he/she exhibits inappropriate behavior.

I agree that in the event of any injury, the supervisor in charge of the program may act on my behalf in obtaining medical treatment for my child. I have indicated at the bottom of this form any permanent or temporary condition which should be known about my child.

In an emergency, I may be reached at:

Daytime Phone Number: _____ Evening/Weekend Phone Number: _____

Signature of Parent/Guardian _____ Date _____

Permanent or temporary condition which should be known about my child:

Please return completed form to guidance counselor