

ARCHITECTURE WORKSHOP | PERMISSION FORM

Student Name:		School:		Date:	
---------------	--	---------	--	-------	--

Dear Parent/ Guardian:

A group of students, including your son/ daughter, is planning to participate in an approved activity. Below is information concerning this event:

1. Location of Event:

200 Strawberry Hill Avenue, Stamford, CT 06902

2. Type of Event:

Architecture Workshop: Exploring the construction site

3. Sponsor:

Perkins Eastman Architects & The City of Stamford

4. Date & Time of Departure/ Return:

5. Method of Travel:

Transportation requires student/ parent drop off be made directly to the site.

6. Site Gear

Site safety gear will be provided to each student (safety jacket, hat, glasses, and masks). Students are responsible for wearing construction site appropriate attire. Long pants and boots are preferable. Open toe shoes are prohibited.

If you approve of your son's/ daughter's participation in the above activity, please sign BELOW indicating your knowledge of this activity and your consent.

_____ has my permission to go on the approved activity described above.
(STUDENT NAME)

I agree that:

- The safety and clothing attire obligations, if any, will be met
- I am responsible for providing transportation home from site/office at conclusion of trip.
- My student can be transported to and from site by workshop architects if transportation is needed.
- This is a school-approved activity the Student Handbook rules are in effect including off campus travel.

Health Information: Please check all that apply

My child has the following health/ medical problems:

Asthma Diabetes Seizures Allergy to: _____ Other: _____

My child has the following which needs to accompany him/her on this trip:

Inhaler Epipen/ Benadryl Diabetes testing supplies/ medication Other: _____

PARENT/ GUARDIAN SIGNATURE: _____ PRINTED NAME: _____

PHONE: _____ (HOME) _____ (WORK) _____ (CELL)

EMERGENCY CONTACT NAME: _____ PHONE: _____