



MINNESOTA TRANSITIONS CHARTER SCHOOLS
2872 26th Ave South
MINNEAPOLIS, MN 55406
PHONE: 612-722-9013 FAX: 612-729-0013

General Permission Form:

In order for us to better serve you and your child, please read then complete the following:

I understand that an important part of the school program includes outings into the community, fieldtrips and field experiences. I am also aware that students will engage in walking trips around the community, accompanied by school staff. MTS often photographs these activities. Therefore, I give permission for my child to participate in these trips and to be photographed. Photographs may be used for school publications.

Please initial and date: _____

In the event of an accident or sudden onset of illness, MTS will not hesitate to seek proper care for any student. I understand that MTS will attempt to reach me or the emergency contact I have provided as soon as possible. MTS may transport this student to the nearest hospital or call an ambulance for transportation. I give MTS my permission to provide medical care if necessary.

Please initial and date: _____