



Blanket Permissions Form

Student Name: _____

Parents' Names: _____

Parent Contact Phone: _____

Parent Email: _____

Day 5-Day Full Board

Car Permission

Scattergood staff will drive students to appointments, trips, and other school-related activities. Students are not permitted to ride in cars driven by other students. Students may ride in cars driven by their sibling w/ parental permission if sibling is 21+ years of age.

I/We additionally give our daughter/son permission to ride in cars driven by: *Please check all that apply*

- Parents of other students – Any
- Parents of other students – Specific (*please specify name below*)
- Relatives other than parents – (*please specify name, age, relationship to student, phone # and email below*)
- Other (*please specify name, age, relationship to student, phone # and email below*)
- None (*student to ride in vehicles driven by staff only – the school will contact parents for any other travel permissions on a case by case basis*)

Weekend Permission – 7-Day Boarders

I/We give blanket permission for our daughter/son to visit the home of the following persons on weekends provided that all Scattergood procedures are followed and staff give their consent for our daughter/son to leave campus, and provided that our daughter/son has permission to ride in their vehicle:

Blanket Permissions Form, Continued

International Students - School Holiday/Break Permission

I/We give blanket permission for our daughter/son to visit the home of another Scattergood student and her/his parents for the duration of Scattergood Breaks, including Thanksgiving Break, Winter Break, and Spring Break if our student will not be returning home for these breaks. I/We understand that our student will be required to inform us of her/his break plans.

International Students – Permissions Representative

I/We give the person named below our consent to act as primary contact for our daughter/son during the school year. I/We give the representative named below the right to give permissions in writing or via phone/email for our daughter/son to leave campus, receive emergency medical care, and for any other activity that requires parental permission:

Representative:

Name: _____ Relationship to student: _____
Age: _____ Phone Number: _____ Email: _____

Please note: When a student signs out with parental permission (blanket or otherwise) and leaves campus for an overnight or school holiday, she/he is no longer under school jurisdiction, and Scattergood is not responsible for her/him.

Parents/Guardians may change/revoke these permissions at any time during the school year.

*To change or update these permissions, please contact the Main Office at
319-643-7600 or email mainoffice@scattergood.org*

Signature of Parent/Guardian: _____ **Date:** _____