

# The Arc of the Ozarks School Visit Permission Form

I (parent/guardian) \_\_\_\_\_, hereby give

The Arc of the Ozarks permission to visit my child in regards to his/her participation in the programs offered by the Education/Recreation Department.

**Child's Name** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Teacher** \_\_\_\_\_

I may revoke this authorization at anytime, except to the extent that action had been taken in reliance thereon. This authorization (unless expressly revoked earlier) expires on \_\_\_\_\_, or one year from the date below.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_