Hermitage R-IV Schools

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P.O. Box 327  302 East Polk Street  Hermitage, Missouri 65668 

Fax 417-745-6475



 **Krissy Friedman Ed Vest**

 Principal Superintendent

 417-745-6417 417-745-6418

Dear Parent/Guardian(s),

Bolivar High School is hosting its annual **College Fair** on **Thursday, October 2.** This is a great opportunity for junior and senior students that are planning to attend college to visit with representatives from approximately 60 colleges, college planning/financial aid institutions, and military recruiters. Parents are more than welcome to attend this fair as well. The bus will depart from school at 12:45 and return by 3:00. In order to attend, students must turn in a signed permission slip to the school counselor by **Wednesday, October 1.**

Thank you,

Alana Shockley

School Counselor

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_request that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be permitted to participate in the College Fair at Bolivar High School on Thursday, October 2 from 12:45 to 3 pm.

**MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of Missouri and the Health Code of Missouri.

**SIGNATURES**

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

Please print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_