



## STRIVE TO EXCEL – Permission Slip

Hilton Head High School, 70 Wilborn Road  
Hilton Head Island, SC 29926  
843-689-4938

I pledge to support \_\_\_\_\_ in his/her endeavor  
(student's name)  
for academic success and encourage his/her participation in the Strive to Excel program. I understand as a parent of a Strive to Excel member that he/she will be taking occasional trips with group to college campuses and various cultural events. I therefore, grant permission for my child to participate in those activities.

I also give permission for the Strive to Excel members to take my child to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills incurred, if any.

Should it be necessary for my child to return home due disciplinary action, medical reasons, or otherwise, I agree to assume all transportation costs.

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

Parent/Guardian Phone# \_\_\_\_\_ Student Cell# \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Family Physician/Doctor Name \_\_\_\_\_ Phone# \_\_\_\_\_