



Bess Streeter Aldrich House

204 East F Street

Elmwood, NE 68349

aldrichfoundation@gmail.com; 994-3855

Contact Information:

Participant Name _____ Grade _____

Mailing Address _____, City _____, State _____ ZIP _____

Parent/Guardian Name _____

Mailing Address _____, City _____, State _____ ZIP _____

Email Address _____

Contact/Phone No.(s):

_____	_____
_____	_____
_____	_____

Permission Slip (mark all that apply)

☐

Permission to Participate in the following Aldrich House Event(s):

Date(s) of Event _____

☐

Permission to Participate in Snack, Any Allergies or Health Concerns that We Should Know About?

Limitations (be specific): _____

☐

Permission to Walk or Be Transported to Museum, Park, or Other Elmwood Venues

List Limitation(s): _____

☐

Permission to use images/recordings, and/or student work to press and/or social media

List Limitation(s): _____

☐

Permission to Participate in Outdoor Activities (list limitations) _____

☐

Permission to Be Dismissed to the Following Individuals

List All Who May Pick Up: _____

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Permission to Be Dismissed with No Adult Present

Signature: _____

Comments: