

DRUG INFORMATION AND PREVENTION SEMINAR
July 29th 2024 through July 31st 2024

Name of Attendee: _____

Address: _____

School: _____ Shirt Size _____

Grade: _____ Age: _____

CONTACT PERSON(S) PHONE NUMBER(S) IN CASE OF EMERGENCY

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Does your child have any special needs that require accommodations or extra support staff?

___ Yes ___ No

If yes please specify:

Please list any medical concerns or health history that you feel we should know about your child:

NAME OF INDIVIDUAL(S) WHO HAS PERMISSION TO PICK STUDENT UP AT CLOSE OF DAY

Name: _____ Name: _____

I/WE, the Parent/Guardian of _____, give permission form my son/daughter to attend the Charles County Sheriff's Office Drug Information and Prevention Seminar. In consideration of the privilege of participating in this program, I/WE do hereby release and hold harmless the State of Maryland, Charles County, Maryland, its Officers, Agents, Affiliates and Employees, the Office of the Sheriff for Charles County Maryland, and its Officers, Agents, Affiliates and Employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgments of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (including but not limited to any reasonable attorneys' fees) suffered or incurred by my child as a result of my child's participation in the Drug Information and Prevention Seminar.

PARENT(S) SIGNATURE

DATE

PARENT EMAIL (Please provide as this will be way of contact)

Please complete Permission slip and return to Cpl. Cook, at the Charles County Sheriff's Office, P.O. Box 189, La Plata, Maryland 20646 or give to your school resource officer. If you have any questions please email Cpl. Cook at cooks@ccso.us or Cpl. G Cook at cookg@ccso.us