

**Thompson School District R2J
Site Visit Permission Form**

Date: March 11, 2026

On March 11, 2026, at 8:30 a.m. (approximate time) your child is scheduled to visit LEAP School (School/Site).

The purpose of a site visit shadow experience is to help prospective students learn more about the LEAP program. Your child will meet staff, experience the classroom environment, participate in activities, etc. and might help you to determine if this program meets the needs and interests of you and your child.

These visits have been done in the past with no serious injuries. However, the potential risk of injury exists and no amount of instruction or precautions will totally eliminate all risk of injury.

Participants will be expected to follow classroom and safety rules.

My child, 1. _____, birth date _____ Current grade _____

2. _____, birth date _____ Current grade _____

3. _____, birth date _____ Current grade _____

has permission to visit LEAP classrooms and participate in the activities provided during the visit.

Your signature acknowledges that your child(ren) is/are being allowed to participate in this visit with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity.

Print Name of Parent/Guardian (Date)

Signature of Parent/Guardian

Birth date of Parent/Guardian

Please complete and return to school

Emergency Contact(s):

Father's name _____ Cell # _____

Mother's name _____ Cell # _____

Current health conditions _____

Allergies (environment, food, medications) _____