

Permission Slip

Name of Student (Please PRINT)

Name of Parent (Please PRINT)

I, the undersigned parent or guardian of the above named student, give my permission for my student to participate in the _____.

Medical Information and Release

The following condition noted above with particularity, including any medications and instructions:

In the event of a medical emergency, I hereby authorize the chaperone(s) to secure medical attention or hospitalization for my child.

My child's Physician is: _____ at _____
Phone

My phone numbers are: _____ : _____ : _____
Home Work Cell

Alternative Emergency Contact: _____
Name Phone

I understand the school district does not provide medical insurance for my student for after school clubs, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by insurance.

** Please indicate who will be picking up your student/if different than parent/guardian and what time.

Name Phone Time

I have read the foregoing information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature Date Signed

