

Intramurals Permission Slip

Event: Floor Hockey

Dates: Thursdays: January 4th, 11th, 18th, and 25th. February 1st, 8th, 15th, and 22nd.

Grade: 3-8

Time: 3:00-4:00

Cost: \$0

Location: School Gymnasium

Please write your child's FIRST AND LAST name. Cut and return bottom half of this slip to Mrs. Dina by the start of the intramural.

Student Name: _____

Email Address: _____

Phone Number: _____

Medical Condition: _____ (see below for details)

Homeroom Teacher/Grade: _____

I give my permission for my son/daughter to participate in _____ after school. In case of accident or illness and a parent is not available, I authorize the school personnel to seek emergency medical care, including transportation to the hospital emergency room. I hereby authorize the physician in charge to administer whatever emergency room treatment is necessary. A physician order must be on file at the school before staff can administer any medication. I give my permission for an administrator designated person to assist my child in taking of his/her medication during the event as necessary.

Parent Name (printed): _____

Signature: _____ **Date:** _____

My child will go to the after school program when the activity is completed.

Contact Ms. Isham (sisham@sau15.net) or Mrs. Dina (jdina@sau15.net) with any questions.