

Intramurals Permission Slip

Event: Kickball / 4 Square

Dates: Tuesdays, November 5th, 13th, 19th

Grade: 3-8

Time: 3:00-4:00

Cost: \$0

Location: School Gymnasium / School Field

Please write your child's FIRST AND LAST name. Cut and return bottom half of this slip to Ms. Judd by the start of the activity.

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 Ms. Judd (ajudd@sau15.net) if you have any questions.