

**Please complete this permission slip and bring it to the front office staff.**

After-school activity/club: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Program Coordinator: \_\_\_\_\_

Location where program will be held: \_\_\_\_\_

Student name: \_\_\_\_\_

Grade level: \_\_\_\_\_ Class teacher: \_\_\_\_\_

Parent Phone 1: \_\_\_\_\_ phone 2: \_\_\_\_\_

Parent name: \_\_\_\_\_ Email: \_\_\_\_\_

**Are there any medical concerns and/or special medication needs that the program coordinator needs to be aware of for your child? (list here)**  
*(i.e. asthma, allergies, etc.)*

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**Parent Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_