
Please complete this permission slip and bring it to the front desk or email it to info@blueoakcharterschool.org

After-school activity/club: _____

Student name: _____

Grade level: _____

Parent Name: _____ Phone #: _____

Email: _____

Parent Name: _____ Phone #: _____

Email: _____

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

Parent Signature: _____ **Date signed:** _____