

## **SCHOOL ACTIVITY INFORMATION & PERMISSION FORM**

THIS FORM IS TO BE RET	URNED BY: Wednesday, May 18th	
ACTIVITY (including purpos	se & location details): Gaglardi Lock In	
ACTIVITY DATE: May	19/20th	
DEPARTURE TIME from so	chool: Arrive at 7:30pm May 19th	
RETURN TIME to school:	Pick up at 9:00am May 20th	
COST:	FEES DUE:	
TRANSPORTATION ARRA	ANGEMENTS:	
SUPERVISED BY: No	rthgate Interns	
UNUSUAL FACTORS/RISH		
OTHER DETAILS: Join us	for a time of fun, games, and relationship building to kick off Maylong!	
	PARENTAL PERMISSION	
1	, □ give □ do not give permission for	
(Printed nar	me of parent/guardian)	
	to participate in this activity.	
(Printed	d name of child)	
	I have read and understood the information.	
Signed	Date:	
Oigiliou	(Signature of parent/guardian)	
	Phone:	
BELEVANT STUDENT	T MEDICAL CONDITIONS that the school should know:	
RELEVANT STUDEN	T MEDICAL CONDITIONS that the school should know:	
RELEVANT STUDEN	T MEDICAL CONDITIONS that the school should know:	
Please check	□ I AM able to help.	
Please check	<ul> <li>□ I AM able to help.</li> <li>□ I AM NOT able to help supervise this activity.</li> <li>□ I AM able to DRIVE TO and FROM destination.</li> <li>□ I have completed required paperwork at the school office.</li> </ul>	
Please check	<ul> <li>I AM able to help.</li> <li>I AM NOT able to help supervise this activity.</li> <li>I AM able to DRIVE TO and FROM destination.</li> <li>□ I have completed required paperwork at the school office.</li> <li>□ I have offered to drive for an additional classroom.</li> </ul>	
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