

## SCHOOL ACTIVITY INFORMATION & PERMISSION FORM

THIS FORM IS TO BE RETURNED BY: **Wednesday, May 18th**

ACTIVITY (including purpose & location details): **Gaglardi Lock In**

ACTIVITY DATE: **May 19/20th**

DEPARTURE TIME from school: **Arrive at 7:30pm May 19th**

RETURN TIME to school: **Pick up at 9:00am May 20th**

COST:

FEES DUE:

TRANSPORTATION ARRANGEMENTS:

SUPERVISED BY: **Northgate Interns**

UNUSUAL FACTORS/RISKS:

OTHER DETAILS: Join us for a time of fun, games, and relationship building to kick off Maylong!

### PARENTAL PERMISSION

I, \_\_\_\_\_,  give  do not give permission for  
(Printed name of parent/guardian)

\_\_\_\_\_ to participate in this activity.  
(Printed name of child)

**I have read and understood the information.**

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian)

Phone: \_\_\_\_\_

RELEVANT STUDENT MEDICAL CONDITIONS that the school should know:

**Please check  
all that apply.**

- I AM able to help.
- I AM **NOT** able to help supervise this activity.
- I AM able to **DRIVE TO and FROM destination.**
  - I have completed required paperwork at the school office.
- I have offered to drive for an additional classroom.
  - I have \_\_\_\_\_ seats available for grade \_\_\_\_\_.
  - I have \_\_\_\_\_ seats available for grade \_\_\_\_\_.

SCHOOL COPY



Return top portion to the school. Save bottom portion for your records.

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