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**RETURN TO: Dr. J. Harvey – Board Office**

**Permission Form**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/or Guardians \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home No: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

I authorize my son/daughter in Grades K-8 to participate in the after-school recreation program. I will contact the Office of Special Services if I have questions.

\_\_\_\_\_

Parent/Guardian Signature

Date

Please describe any special needs or accommodations your son or daughter needs to participate:

\_\_\_\_\_