South Carolina School for the Deaf and the Blind

AFTER SCHOOL ACTIVITIES

Permission to Participate in After School Activities

As a day student, your child is encouraged to participate in After School Activities.
This **Permission to Participate Form** must be completed and returned **to Residential Life Services** **two weeks before** the activity is scheduled in order to plan appropriately for your child.

Child's Name:		School: Blind Deaf CSA

Please circle ALL activities you give permission for your child to participate in during this school year.

	Football	Volleyball	Cheer	Goalball	Basketball	Track	Golf	Church	Scouts
	M-Th	M-Th	M-Th	M/W	M-Th	M-Th	M/W	Wed	Tues
Approval:									

Other: _____ Day(s) of Activity: M T W Th Approval:

My child will be picked up immediately after the activity ends.		Approval:	
My child will be picked up immediately after supper.		Approval:	
My child will need to stay overnight in the dorm. M T W Th		Approval:	

My child takes Medication during the time he/she will be after school. _____No _____Yes
If yes, contact the Health Center

My child has food allergies. _____No _____Yes
If yes, please list Allergies _____

Health Center Contact: 864-577-7780 Residential Life Services Contact: 864-577-7807

Parent/Guardian Name:_____

Phone Number (___ ___ ___) ___ ___ ___- ___ ___ ___ ___

Parent /Guardian Email:_____

Emergency Contact _____

Phone Number (___ ___ ___) ___ ___ ___- ___ ___ ___ ___

Email: _____

Please list person or persons that are allowed to pick up your child from the activity.
(Valid Identification must be presented as verification before your child is released from the activity.)

Name_____ Phone_____
Name_____ Phone_____

Parent/Guardian Signature:_____ **Date:**_____

Nursing Notes:

RLS Notes: