

E. Lawson Brown Middle School

Golden Eagles



PERMISSION SLIP FOR AN AFTER SCHOOL EVENT

Please fill out the information below to provide your child permission to attend the BMS event.

Date: ____/____/____ **Event (football, basketball, etc):** _____

Student Name (first and last): _____

Name of Parent/Guardian (print): _____

Parent/Guardian Contact # : _____

Name of Alternative Contact (print): _____

Alternative Contact #: _____

Admission Cost \$5 concessions will be available for purchase during the game at an additional cost.

I give my child permission to attend the BMS event. I understand that it is my responsibility to arrange pick-up for my child from BMS at the conclusion of the game. I understand that if my child is not picked-up within 30 minutes of the conclusion of the athletic game, they may be unable to attend future athletic and after school activities at BMS. I will emphasize to my child the importance of his/her orderly and cooperative behavior during this trip/activity.

Parent Signature:

Printed Parent name:

Date: ____/____/____