

PARENT PERMISSION FORM

Student Name _____

Middle School Fun Night Activities & Dances

St Francis of Assisi Middle School

Home Room Class _____

Please fill out this form and return it to the school office

These forms will be placed in a binder and kept in the school office.
The information is kept on hand for all PTG sponsored Middle School Activities.

Note: Students are **not** allowed entry to any St. Francis Middle School social event until this completed Parent Permission Form has been received. Please be prompt when returning this form.

It is your responsibility to provide updated information. If you find that you are not at the phone numbers that you have listed below, please inform the event chaperones.

EMERGENCY MEDICAL INFORMATION

Pediatrician or Family Physician _____

Doctor's Phone # _____

Health Insurance Company Name _____

Contract # _____

I authorize emergency medical treatment to be obtained for my child _____

My preference of medical facility is _____

We have read the St. Francis of Assisi School Social Events Behavior Guidelines Information Sheet and agree to comply with school policies.

Parent/Guardian Signature & Date

Student Signature & Date

Home Phone #

Cell Phone or Pager #(s)

Other Emergency Contact Name & Phone #
