



COLLEGEWOOD ELEMENTARY SCHOOL

A California Distinguished School

STUDENT PARTICIPATION IN A VOLUNTARY ACTIVITY PARENTAL PERMISSION & MEDICAL TREATMENT AUTHORIZATION

Student's Last Name _____

Student's First Name _____

has permission to participate in the following activity:

Activity: VARIETY SHOW AUDITIONS

Date(s):

11-22-13

And
or

(12-12-13)

3:30-4:30

Time Activity Begins: 1:30 p.m.

Time Activity Ends: 2p.m.-3:30p.m.

(Pending Audition Duration)

TO BE COMPLETED BY: PARENT/GUARDIAN:

Health or Special Needs: Check as appropriate.

My child has NO special needs the staff should be made aware of and NO medication is required.

My child has a special need and instructions are attached.

Other:

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Date _____

Work Phone: _____

Home Phone: _____

Student's Date of Birth _____

Parent E-mail * _____

Medical Insurance Company: _____

Policy Number: _____

e.g. Kaiser

If Parent/Guardian is not available, please notify:

Name _____

Relationship _____

Home Phone: _____

Work Phone: _____

*PLEASE NOTE AN E-MAIL ADDRESS IS IMPERATIVE FOR ALL PARENT COMMUNICATION