



PERMISSION SLIP

School Site _____

Child's Name and Grade:

Has my permission to participate in all activities including swimming and any scheduled driving and walking field trips.

I will not hold the Santee School District or the Out-Of-School Time Programs responsible for loss of property or injury to my child. I hereby grant my permission for emergency first aid by Out-Of-School Time Program or emergency medical treatment by a licensed physician or hospital if necessary.

SPECIAL INFORMATION: Allergies, etc. _____

_____ Date

_____ Parent/Guardian Signature

_____ Daytime phone where you can be reached.

_____ Print Parent/Guardian Name