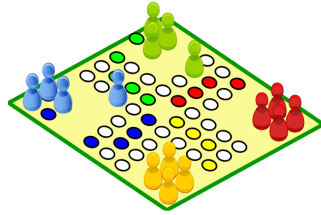


Board Game Club



Permission Form

Name of Student: _____ Grade: _____

Person(s) to contact in case of emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Conditions:

How will your child return home?

- I will pick my child up at 4:00PM on meeting days at the front door.
- My child will be taking the late bus home. Late Bus: _____
- My child will walk home from meetings.

Signature of Parent/Guardian

Date

Please return this form to Mrs. Nuñez (Room 223)