

DOLAN MIDDLE SCHOOL  
Physical Education Department  
Stamford Public Schools

PERMISSION TO ENGAGE IN AFTERSCHOOL ACTIVITY

\_\_\_\_\_  
PRINT CHILD'S FIRST AND LAST NAME

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
HOMEROOM

THE INTRAMURAL ACTIVITY WHICH YOUR CHILD WISHES TO PARTICIPATE IN IS  
CHECKED OFF BELOW:

**DUMPSTER DIVERS**

IN CASE OF EMERGENCY PLEASE CALL:

DR.  MR.  MRS.  MS. \_\_\_\_\_

Print adult's first and last name

\_\_\_\_\_  
Print adult's relationship to child

\_\_\_\_\_  
Telephone # where guardian can be reached between 2:45-4:00 p.m.

\_\_\_\_\_  
Hospital preference

PRINT PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

Please describe any medical problems which may limit your child's participation in the intramural activity.

\_\_\_\_\_

**I DO NOT** grant permission for child to participate in the Program at Dolan Middle School.

**I DO** grant permission for my child to participate in the Program at Dolan Middle School.

\_\_\_\_\_  
parent/guardian's signature

**RETURN COMPLETED PERMISSION SLIP TO MS. J. BODNER IN RM 204**