

DOLAN MIDDLE SCHOOL
Physical Education Department
Stamford Public Schools

PERMISSION TO ENGAGE IN THE INTRAMURAL PROGRAM

print child's first and last name

child's house and homeroom

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

INTRAMURAL CROSS COUNTRY

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 2:45-4:45 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 Intramural Program at Dolan Middle School.

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

parent/guardian's signature

RETURN COMPLETED PERMISSION SLIP TO MS. WIESNER