

2015 KID GAMES (Fourth session) - Students in 3rd & 4th Only

KID GAMES = Fun, active, learning and playing structured games

KID GAMES will meet on:

Wednesdays - March 25 and April 1 from 3-4 p.m. in the gym

Students need to have comfortable clothes and sneakers.

Parents need to pick up their child at **4 p.m.** Parent volunteers are encouraged!

Please fill out the Health Statement and Permission slip located below.

Return the form by:

Monday, March 23, 2015.

Please Note: We will not accept permission slips after this date.

If you have any questions, please contact Mrs. Nase (chris.nase@sau24.org) or Mrs. Keirstead (joann.keirstead@sau24.org) at 428-3476.

(Cut at line and return bottom portion)

Fourth Session - March 25 and April 1, 2015

HEALTH STATEMENT & PERMISSION SLIP - The school nurse will NOT be present!

My child _____ has my permission to participate in **KID GAMES**.

Parent/Guardian Name: _____ Grade: _____ Teacher: _____

Insurance: _____ Policy No. _____

Check all that apply:

_____ Allergies/medical concerns

_____ Medication needed prior/ during or available activity

_____ Medication name

_____ Parent will provide medication from home to teacher

_____ Teacher will obtain medication from nurse

_____ My child has NO health concerns or restrictions

*This information will be made available only to emergency (EMS) personnel and staff members.

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a teacher or other responsible adult may carry the child's medication. In the event of an emergency you have my permission to obtain emergency care to ensure my child's well being.

Parent signature: _____ Date: _____

Phone: (h) _____ (W) _____ (cell) _____

Email address: _____