CAM Academy Activity Permission Form

Middle School Harvest Party

Student: _____Grade:_____ Teacher: _____

My student, as listed above, has my permission to participate in the activity described below.

_____ **X**_____

Parent Printed Name **Parent Signature**

On the **day of the activity,** I can be reached at: _____ or _____

An **alternate emergency** contact person is: _____ at _____

Information we should be aware of (medical concern, pick-up plan, etc.):

_____

_____

_____

** I would like to Chaperone ⬜ Name_____

***Are you a cleared CAM Volunteer? Yes ⬜ No ⬜ *If no, please fill out a volunteer form and call the office.

EVENT DETAILS

ACTIVITY: Middle School Harvest Party

DATE & TIME: Friday, November 22nd 3:00pm-5:00pm

LOCATION: CAM Academy Commons

COST: $10

TRANSPORTATION: N/A

ADDITIONAL NOTES: Please be aware that students will need to be picked up and dropped back off at school for the Harvest Party. Only MS ASB members will be permitted to stay after school before the event. Thank you!Due to it being an afterschool event, parents are responsible for all meds.

Permission form & fee to be turned into Student Services by: Tuesday, Nov 19th

****No late permission slips will be accepted. All chaperones must be a cleared volunteer by the district. Please be sure your student is picked up on time after the event.**