

## Summer School Permission Form

Child's Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_

Please check one:  Regular Lunch  Vegetarian Lunch  No Lunch

**Drop-off and collection of children is the parent's responsibility. Children through Grade 2 (except for those nine years old or older) MUST be accompanied to and from school by a designated adult. Children in Grade 3 or at least nine years old may commute on their own with parental permission.**

### Pick up at school

A designated adult will pick up my child.\*

Pick up person 1	Pick up person 2	Pick up person 3
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Photo:	Photo:	Photo:

\*Any undesignated person must be cleared by the School Office **before** collecting your child.

My child will travel home alone at the end of each school day (**Grade 3 or at least 9 years old**).

### Medical Information

Does your child have any medical conditions or take any medications? **Y / N** If yes, please provide details below:

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Please write any other information we should be aware of below:

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Emergency Contacts:

1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical release: "I hereby give permission for any St. Michael's International School or English Language Section staff to treat my child for minor injuries and abrasions if and when necessary. I understand I will be notified of any additional medical aid given to my child." Please indicate your acceptance of this release by signing below:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_