



PERMISSION SLIP

Project SAFE Site _____

Child's Name and Grade:

Has my permission to participate in all activities including swimming and any scheduled driving and walking field trips.

I will not hold the Santee School District or the Out-of-School Time Programs responsible for loss of property or injury to my child. I hereby grant my permission for emergency first aid by Out-of-School Time Program or emergency medical treatment by a licensed physician or hospital if necessary.

SPECIAL INFORMATION: Allergies, etc. _____

Date

Parent/Guardian Signature

Daytime phone where you can be reached.

Print Parent/Guardian Name