

PERMISSION FOR S.F.A. DRAMA CLUB AFTER SCHOOL REHEARSALS

PLEASE COMPLETE THE FOLLOWING INFORMATION

You will not be allowed to stay unless this form is complete!

Child's Name: _____ in Grade _____

By signing below I agree to the following:

- I understand that the Drama Club will meet on Fridays **after school in the cafeteria at 2:00 p.m.** *Reminder: No child is to leave school to purchase snacks or drinks.*
- All parents are responsible for pick up and transportation home for their children promptly at 5:00 pm.
- Children will be dismissed via the front entrance of School.
- If a parent/guardian is continually not present to accept their child at dismissal then their child will not be allowed to participate in the Drama program.
- If there is no school (for whatever reason) there is no rehearsal.
- All important Health Information for my child is as follows:

Child's Birthdate: _____

Allergies: _____

**Please list any additional medical/physical/emotional conditions of which we should be aware (chronic conditions, handicaps, medications, etc.)*

In case of emergency, I understand every effort will be made to contact parents or guardians at the following:

Parent/Guardian Name: _____ Phone: _____

Cell Phone: _____

If I cannot be reached please contact: _____

(Relation to Child) _____ at (phone) _____

Physician's Name: _____ Phone: _____

I understand and agree to all the above information and give my child permission to participate in the Drama Club After School Rehearsals.

Parent/Guardian Signature: _____