

Walker Student Leadership Team Parent Permission Form

Child's Name _____ Grade & Teacher Name _____

Child's Name _____ Grade & Teacher Name _____

Parent / Guardian Names: _____

Emails: _____

Home Phone: _____ Work # _____ Cell # _____

Emergency Contact Name and phone Number (other than parent/guardian listed above):

Name _____ Phone # _____

Does your child(ren) have any allergies? Medical issues? Medications? If so, please explain:

Y / N I give permission for my child(ren) to attend the Student Leadership Team meetings.

Y / N I give permission for my child(ren) to be photographed.

Y / N If snacks are provided, I give permission for my child to receive a snack

Y / N If no, I will provide a snack for my child at that time

Parent/Guardian Signature: _____ Date _____

Important! Parents Please Note:

In order for your child to participate in the Student Leadership Team, this form MUST be completed and returned to school.

This permission form is good for the 2014-2015 school year.