



**Science and Technology Magnet High School of Southeastern Connecticut
After School Program Permission Slip
2009 ~ 2010**

Student Name _____ DOB _____ Grade _____

Male ___ Female ___ Primary Language: English ___ Spanish ___ Other _____

Ethnicity:

Is the respondent Hispanic/Latino? Yes / No

Is the respondent from one or more races using the following (choose all that apply):

White ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ Asian ___
American Indian or Alaskan Native ___

Address: _____ Town _____ Zip _____

Home Phone # _____ Parent Cell # _____ Email _____

Mother's Name _____ Father's Name _____

Guardian(s) Name _____ Resides with _____

Emergency Contact Information

Name _____ Phone _____

Please list any important information, special needs or medical concerns:

NOTE: The teacher(s) in charge will take all possible care of the students, but assumes no responsibility for accidents

TITLE OF ACTIVITY: After School Program

NAME OF PROGRAM(s): _____

TRANSPORTATION (CIRCLE ONE):

Student is responsible to sign in each day for program. Once student signs out from program and leaves STMHS; STMHS is no longer held responsible for student.

LATE BUS

WALKER

PARENT PICK UP

My child has permission to participate in the above program(s).

New London Board of Education and its staff are discharged and held harmless from any and all liabilities which may arise from the conduct, actions, activities or involvements of the above named student while he/she is participating in this activity. I also give permission for photographs of my child at the event to be used in any and all marketing materials.

I hereby give STMHS permission to sign for emergency and/or immediate medical treatment in the case of accident or injury to my son/daughter during this activity. I understand that I will be notified of the treatment being performed as soon as possible following diagnosis.

Signature of Parent/Guardian _____

Cell # _____ Work# _____

Signature of Student _____