

2016 KID GAMES (Second session) - GRADES 1st & 2nd Only

KID GAMES = Fun, active, learning and playing structured games

KID GAMES will meet on:

WEDNESDAYS - January 6, 13, 20, 27, February 3 from 3-4 p.m. in the gym
(February 10 is makeup/snow day if needed.)

Students need to have comfortable clothes and sneakers. Parents need to pick up their child at 4 p.m. in the gym. Parent volunteers are encouraged!

Please fill out the Health Statement and Permission slip located below.

Return the form by: Wednesday, January 6, 2016.

Please Note: We will not accept permission slips after this date.

Please contact Mrs. Nase (chris.nase@sau24.org) at 428-3476 with questions.

(Cut at line and return bottom portion)

Second Session - January/February 2016

HEALTH STATEMENT & PERMISSION SLIP - The school nurse will NOT be present!

My child, _____, has my permission to participate in KID GAMES.

Parent/Guardian Name: _____ Grade: _____

Teacher: _____

Insurance: _____ Policy No. _____

Check all that apply:

_____ Allergies/medical concerns

_____ Medication needed prior/ during or available activity

Medication name: _____

_____ Parent will provide medication from home to teacher.

_____ Teacher will obtain medication from nurse.

_____ My child has no medical concerns.

You have my permission to assist/supervise my child in taking the medications listed above.

I understand that a teacher or other responsible adult may carry the child's medication.
In the event of an emergency you have my permission to obtain emergency care to ensure my child's well being.

Parent signature: _____ Date: _____

Phone: (h) _____ (W) _____ (cell) _____

Email address: _____