2014 "8th Grade Lock-In" Permission Form/Medical Form/Contact Information

Student Name:	Date of Birth:	M or F	Age:
Custodial Parent's/Guardian's Name(s)			
Address	City	State	Zip
1 st Parent Home Phone()	Cel	l Phone ()	
2 nd Parent Home Phone()	Cell	Phone ()	
Emergency Contact (other than parent)			
Home Phone() Cell Pho	ne()	Relationship to Child	
Child's Doctor	Pho	one ()	
Allergies:			
Health Concerns:			
Current medications:			
Last Tetanus:			
ADMINISTER FIRST AID. IN THE EVENT OF A HEREBY AUTHORIZE THE BOW POLICE DEPACONTACTS, PHYSICIAN, OR SEEK EMERGEN Signature:	ARTMENT TO SPEAK V CY MEDICAL TREATM	VITH THE ABOVE EMER ENT AS DEEMED NECES	GENCY SARY.
PERMISSION: I give my child,		peri	mission to
attend the Bow Police Department 8 th grade from 10:15 PM – 5:00 AM on Saturday, Mar Lock-In for its duration. I also understand the chaperoned by Bow parents and there is no personnel on site for the purpose of superviregulations, and instructions pertaining to the comply could exclude my child from partifor the Lock-In, I may be required to pick up	e "Lock – In" at the Co y 31, 2014. I understa at the Lock- In is spons expectation that there sion. I acknowledge n he safety and protection cipation in this activity	ncord YMCA on Friday, nd that my child will rer sored by the Bow Police will be any Bow Schoony child must adhere to on of the participants, a y. Should my child not f	May 30, 2014 main at the e Dept. and is of District all the rules, and that failure follow the rules
I will bear any cost for additional transports completion. Students will not be permitted the Bow Police Department and \$20.00 , che full prior to May 29, 2014. Tickets go on sal	to participate in this a	activity unless this perm Police Explorer Post or	it is on file with cash, is paid in
Parent Signature		Date	_