

8th Grade RHS Permission Slip

_____ has permission to walk from EMS to RHS and
Student Name

utilize the weight room facilities under the supervision of the respective high school teacher assigned. In case of an emergency between the hours of 2:30 and 4:30PM;

I can be reached at the following phone number () _____ - _____

Back up Emergency Number () _____ - _____

Please check one:

____ My child will be picked up from the high school

____ My child has permission to walk home from the high school

Parent/Guardian Name (Please Print Neatly)

Parent/Guardian Signature

Other Emergency Medical Information:

Physician's Name _____ Phone _____

Known Medical Issues:

Allergies: _____

Medications: _____