## VOLUNTEENS PARENT/GUARDIAN PERMISSION AND STUDENT INFORMATION 2023-2024

\_\_\_\_I give my child permission to participate in VolunTEENS at MVMS.

(check here)

Student's Name	Grade	Team
Parent/Guardian's Name (Please print)	Signature	Date
Home Address	City	Zip
Home Phone	Work Phone	Cell Phone
EME	RGENCY INFORMATION	
In case of emergency please contact:		
Name	Relationship	Phone
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Is your child affected by any of the following	g:	
* Heart problems of any type? Yes No	* Glaucoma? Yes No	
* High Blood Pressure? Yes No	* Diabetes? Yes No	
* Arthritis or another bone or joint problem	? Yes No	
* Any other disease or health condition not	listed above? Yes No	
If yes, please describe:		
List any Allergies:		

## STUDENT RELEASE (PICK UP)

As parent/guardian, I understand that VolunTEENS will meet immediately after school on designated school days and will end by <u>4:30 p.m</u>.

I will pick up my child at 4:35 each meeting day for the duration of the program

\_\_\_\_\_ My child will go to the library media center each meeting day until 4:45. I will pick up my child from MVMS at 4:45.

My child will go to the library media center each meeting day until 4:45. My child will take the late bus home. I understand that my child must sign up for the late bus by 1:00.

Parent/Guardian Signature