



Student Volunteer Permission Slip

Student: _____

Thank you for volunteering to help restock Villa’s red emergency backpacks! Students should meet in the Theater and will remain on campus for the duration of the activity. Bring a water bottle and/or snack if you anticipate you might need it. All students who participate will receive community service hours.

Please complete this form and bring it with you or fax it to (206) 523-7131 before the event. (If you forget this form, please have a parent bring you in the building and sign it then.)

Thanks again!

Location: Villa Academy Theater Designated Supervisor of Activity: Norma Jenner	
Date/Time: Monday, August 30, 2009 1:00-3:00pm	
I give my permission for my child _____ to participate in this event and to receive treatment for an injury or illness in case of emergency.	
_____ <i>Parent/Legal Guardian Signature</i>	_____ <i>Date</i>
I can be reached at _____, _____ on the day of this event.	
_____ <i>Location</i>	_____ <i>Phone Number</i>
Emergency contact names and numbers:	
_____ <i>Name</i>	_____ <i>Phone Number</i>
_____ <i>Name</i>	_____ <i>Phone Number</i>

Please list any allergies, health conditions, or medications we need to be aware of in the event of a health emergency.

Allergies: _____

Health conditions: _____

Medications: _____