

October In-Service Form

YOU MUST SEND A PACKED LUNCH ON FULL DAY IN-SERVICE

Please indicate which days your child will attend by placing an X on the line after the date:

_____ **October 1 (Full Day - \$50.00)**
_____ **October 11 (Half Day - \$25.00)**
_____ **October 25 (Half Day - \$25.00)**

Child's Name: _____ Home School: _____ Grade: _____

Child's Name: _____ Home School: _____ Grade: _____

Parent's Names _____

Parent 1 Cell # _____ Parent 2 Cell # _____

Work # _____ Work # _____

List person who may contacted in an emergency or authorized to pick up your child (ren):

1 Name _____ Phone _____
Address _____ Relationship _____

2 Name _____ Phone _____
Address _____ Relationship _____

Please give details and dates if your child has, or had, any of the following health problems: (write none if child does not have)

Allergies _____

Asthma _____

Seizures _____

Does your child carry an inhaler? _____

Does your child take any medication? _____ Name of medication(s) _____

Reason for Medication _____

YOU MUST BRING ANY MEDICATIONS SUCH AS INHALER OR EPI PEN TO SIMMONS FOR THIS DAY IN A LABELED ZIPLOCK BAG WITH THE ATTACHED PERMISSION FORM. THIS WILL BE RETURNED TO YOU AT PICK UP.

Is there anything more about this child's health you think is important for us to know? Explain.

_____ Check # _____

_____ Credit Card information is on file. Payment will be deducted at registration.

