

January In-service Day at Simmons Elementary

YOU MUST SEND A PACKED LUNCH EVERY DAY

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

_____ **January 31 (Full Day-\$50.00)**

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.

Must be returned by January 27, 2020

