

Folly Quarter Middle School Club Permission Form

Homework Club

Teacher(s) in Charge: Ms. Bader

Dates: 11/16, 11/30, 12/7, 12/14, 12/21, 1/4, 1/11, 1/18, 1/25 - (2nd Quarter)

Time: 2:30-3:30

Space is limited to the first 15 students who **return this permission slip to the front office or teacher in charge – due by Monday 11/13**

Goal of Homework Club: To provide a safe, quiet place where students can work independently, having support from staff, when needed.

I grant permission for _____ to participate in this club at the times and dates listed on this form. By granting permission, I agree to the following:

- I will pick up my student promptly at the end of each session.
- Parent or Guardian assumes all risks in connection with the student's participation in all FQMS activities.
- FQMS employees are released and discharged from all liability for any damage, loss or injury to the student's property, or parent's property in connection with participation in these activities, unless caused by negligence of the employees.
- The above name minor is in good health. In the event of illness or injury, permission is granted for emergency treatment to be administered. It is understood that and agreed that the undersigned will assume full responsibility for any such action, including all costs associated with such emergency treatment.
- The above name minor has the following allergies, medicinal reactions, or unusual physical conditions which should be made know to a treating physician or which could limit participation:

(If none, please write none.)

Student's Name: (Print) _____ Grade: _____

Parent/Guardian – Print Name

Signature

Preferred Phone Number:

Secondary Phone Number:

Parent/Guardian email:

