

## Key Club Participant Permission Slip

Please print clearly in pen.

<b>Student ID</b>		<b>Home Phone</b>	
<b>First + Last Name</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Grade</b>	Freshman	Sophomore	Junior Senior
<b>Emergency Contact-1 Name</b>		<b>Emergency Contact-2 Name</b>	
<b>Emergency Contact-1 Phone #</b>		<b>Emergency Contact-2 Phone #</b>	

I give my son/daughter permission to attend any of the Key Club events this school year. Each event will be chaperoned by a Hopewell staff member or an approved volunteer. I understand that, in order to participate in the event, my son/daughter must also have this form filled out in its entirety. All information for activities related to Key Club will available through the Club's website at [www.hopewellkeyclub.weebly.com](http://www.hopewellkeyclub.weebly.com).

<b>Parent signature</b>	
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## Key Club Medical Permission for Treatment

Complete all of the information below regarding medical treatment. Without this information, your son/daughter will not be allowed to participate in any Key Club event.

<b>Medical Conditions</b>	
<b>Medications (list all)</b>	
<b>Allergies</b>	

I give my son/daughter permission to attend any Key club events this school year. If I am unable to be contacted in the event of an emergency where treatment is necessary, I hereby give permission for my son/daughter to be transferred and treated for any and all medical conditions.

<b>Parent signature</b>	
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