



## HIDDEN RIVER MIDDLE SCHOOL PTO

### STUDENT OCTOBER SOCIAL

**FRIDAY, OCTOBER 21**

**2:30PM TO 4:00PM**

I hereby give permission for (student's name) \_\_\_\_\_ to  
Participate in the Student Social on October 21.

There is NO activity bus. **Students must be picked up by 4:00pm.**

Cost is \$5 with an ASB card, \$6 without, due at time of entrance on the 21st. (Cash or checks payable to HRMS PTO) **Permission slip due to office Thursday, October 20.**

Teacher/staff member in charge Linda Boyle and PTO Chaperones

I understand that in the event of accident or illness, every effort will be made to contact parents or guardians immediately. If it becomes necessary for the staff member in charge to obtain emergency care for my child, I authorize Monroe Public Schools to secure emergency medical care as needed.

Parent/guardian name (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student/chaperone emergency contact \_\_\_\_\_

Telephone(day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Student birth date \_\_\_\_\_ Physician Name/Phone# \_\_\_\_\_

Student/chaperone health concerns (e.g., allergies, other issues) \_\_\_\_\_

I am interested in chaperoning \_\_\_YES \_\_\_\_\_ No Parent's initials \_\_\_\_\_

**Note: Students who fail to return a completed permission slip by October 20 will not be allowed to stay at school.**