



Deer Park School District Special Needs Sports Program

Emergency Information/Permission Slip

_____	_____	_____
Student Name	Grade	School
_____	_____	_____
Address	Home Phone	Date of Birth
_____	_____	_____
Mother/Guardian Name	Cell Phone	Work Phone
_____	_____	_____
Father/Guardian's Name	Cell Phone	Work Phone

I give permission for my child _____, to participate in the Deer Park School District Special Needs Sports Program on Monday afternoons from 4:00pm- 6:00pm at the John F. Kennedy Intermediate School.

I understand that in order for my child to participate in this program I will need to provide transportation to and from each program session.

_____	_____
Parent/Guardian Signature	Date

