

PERMISSION & MEDICAL FORM FOR 2022 POCOPSON READ-A-THON

Child's Name: _____

Grade: 3 or 4 (circle as appropriate) Teacher Name: _____

N.B. The 3rd grade event is Friday, February 4, 2022 and the 4th grade event is Saturday, February 5, 2022.

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email Address(es): _____

My child (named above) has my permission to attend the 2022 Pocopson Read-a-Thon on the date appropriate to their grade (as above) in February 2022. I understand the importance of good behavior at this event and have discussed this with my child. In the event of a discipline problem, please call (parent or other responsible adult) _____ at this phone number _____.

Name(s) of adult(s) authorized to pick up child at dismissal: _____

T-Shirt Size Selection

generously donated by Hendrix Orthodontics

Please circle the preferred size for the above child

S (6-8)

M (10-12)

L (14-16)

XL (16)

MEDICAL INFORMATION*

Family Doctor: _____

Phone Number: _____

Insurance Provider: _____

ID #: _____ Group #: _____

Allergies (medical and/or food): _____

Other comments: _____

Is your child taking medication that will need to be administered during the event? YES/NO
if yes, name of medication _____

Dosage information (to be administered by a Medical Professional on duty): _____

Are there any activities from which your child should be restricted during the event? If Yes
please explain: _____

RELEASE: I authorize the Read-A-Thon staff and volunteers to secure any medical or hospital services my child may need in the event of an emergency. If such services are required, I understand that I'll be contacted immediately at the number listed above. I agree to pay for services rendered.

Parent/Guardian Signature: _____

Date: _____

**Medical personnel will be on-site throughout the entire event on both nights.*

A online version of this form is available at <https://forms.gle/7ZNZrVD6Q7wkt8rY9>