

PERMISSION SLIP/BEHAVIORAL CONTRACT

Student Name _____ Grade _____

Activity: Middle School Lock-In, Thursday, Oct. 26th, 8:00pm – Friday, Oct. 2th, 8:00am

I/We believe that the reasonable and necessary precautions for safeguarding the students during this activity will be taken. Beyond this, I/we agree not to hold Tempe Preparatory Academy or the event chaperones liable in the event of any injury to my child while s/he is participating in this activity.

I/We also understand that the students will be expected to adhere to the same code of conduct that is expected during normal school hours and that I/we will be contacted and asked to collect our child if they fail to follow the instructions of the chaperones.

Please list any allergies or medical concerns regarding your student that the chaperones should be aware of:

Parent Name: _____

Number you can be reached at during the event: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

NOTE: Before any student is permitted to participate in this school-sponsored activity, this permission form must be signed and returned to the school.