OMMS Intramural Program Permission Slip

Name of Intramural:

Teacher Sponsors:

Location:

Session 1Date/Time of Intramural:

Student’s Name:

**Parent/Guardian Name(s) and Contact Information:**

Primary Contact:

\*Phone: Email:

Secondary Contact:

Phone: Email:

\*Please provide phone numbers that we can use to contact you during program hours from 2:40pm­4:10pm.

Transportation is not provided and students will need to be picked up promptly at 4:10pm.

Please list any health concerns in the space below:

Please Check One:

 My child will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_My child has permission to walk home

Parent Signature

Please review the back with your student.

OMMS Intramural Expectations

* Students are signing up for the entire session and are expected to attend each session if they are present in school.
* If your student is in school, but is not able to stay for their intramural, please email davia\_williams@hcpss.org to avoid miscommunications about attendance.
* Students should report directly to the cafeteria for snack after school.
* If a student leaves the building, they are not allowed back in and appropriate contact home will be made.