

CHARLES BOEHM  
INTRAMURAL PERMISSION SLIP

SCHOOL \_\_\_\_\_ Homeroom # \_\_\_\_\_

NAME \_\_\_\_\_

I give permission for my son/daughter to participate in intramural  
(activity) \_\_\_\_\_ at

(school) Charles Boehm Middle School with the understanding that my child has accident insurance coverage to protect him/her in case of injury. I will assume full responsibility for any medical and hospital bills related to injuries sustained in this activity. I REALIZE THAT MY CHILD WILL LEAVE SCHOOL ON EITHER THE 4:00 PM OR 5:00 PM LATE BUS DEPENDING ON THE ACTIVITY.

PLEASE COMPLETE:

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

Does your child have any allergies, seizure disorders or other medical problems that the sponsor should be aware of? \_\_\_\_\_

If so, what? \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN