

Owen Green Owls Eco Club



Permission Form Due 8/31



Student(s):

Grade, Teacher:

Name: _____

Allergies: _____

Name: _____

Allergies: _____

Name: _____

Allergies: _____

Parent Contact Information:

Name 1: _____

Home Phone: (____)_____ Work: (____)_____ Cell: (____)_____

Email: _____

Name 2: _____

Home Phone: (____)_____ Work: (____)_____ Cell: (____)_____

Email: _____

Emergency Name & Phone: _____

I give permission for my children listed above to participate in the meetings of the Owen Elementary Green Owls Eco-Club:

YES, my children's photos may be used in the school Newsletter: _____

NO, my children's photos may NOT be used in the school Newsletter: _____

YES, my children have permission to walk home after the meetings: _____

NO, my children do NOT have permission to walk home after the meetings: _____

Month(s) I am available to help out at the meeting (Please Circle): (We always need parent help.)

Sept 16 (Friday) Oct 14th (Friday) May 5th (Friday)

I understand that 1.) Green Owls Eco-Club is **limited to the first 30 students**, and 2.) We will meet in the Multi-Purpose Room **3:35-5:00**. 3.) Students should bring a nut-free healthy snack to eat at 3:35. 4.)Permission form is due back to your teacher by **8/31**.

(Parent/Guardian **Signature**)

(Parent/Guardian **Printed Name**)