Dr. Connie Dugan Elementary School

Child's Name _____ Teacher _____

Allergies: _____

Medications: _____

Address _____

Parent Name _____ Cell # _____

Work # _____ Home # _____

Email _____

Inclement Weather Instructions

During Inclement weather, my child will: *(please check one of the following)*

☐ ride the bus home. Bus # _____   ☐ be a car rider.

☐ Other: _____

Permission Form

Dear Parents/Guardians,
During this school year, your child/children may have the opportunity to participate in activities on the South Paulding High School campus. Some of these activities may include interaction and/or support with students from the high school. All of these possible activities will always be executed with the teachers from Dugan present, but we wanted to make all parents aware that your child/children may be "off-campus". Parents will be notified in advance when these events will take place.

I give permission for _____ *to participate in activities on the South Paulding High School campus.*
                                          Student Name

_____   _____
Parent Name (Please print)   Parent Signature

Permission Form

Dear Parents/Guardians,
During this school year, your child/children will have the opportunity to participate in a variety of celebrations and activitie at Dugan Elementary School. Some of these activities may include playing on inflatable moon walks, slides, and obstacle courses. In order for your child/children to participate on these inflatables, parent permission is required.

I give permission for _____ *to participate at school in activities involving inflatable's and*
                                          Student Name

other similar devices as listed above.

_____   _____
Parent Name (Please print)   Parent Signature