



FAIRFAX COUNTY PUBLIC SCHOOLS
PARENTAL AUTHORIZATION
AND
ACKNOWLEDGEMENT OF RISK
(AFTER-SCHOOL PROGRAM)

I hereby grant permission for my son/daughter to participate in the Mantua Drama Club After-School Program (the Program), to be sponsored by Mantua Elementary School, during the school year, 2011-2012. I understand that participation in this event by my child is completely voluntary, and that some of the planned physical activities may expose my child to some potential injury. Further, I agree that, to my knowledge, my child is physically and medically able to participate in those activities. I understand that Fairfax County Public Schools, including Mantua Elementary School, does not provide any type of accident, health, or other medical insurance for its students, including those who participate in the Program. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours. I have had an opportunity to read a description of the Program, to inspect the location(s) of the planned activities, and to discuss any questions I may have with school personnel. By my signature below, I do authorize my child to participate in the Program.

Date

Print Student Name

Print Parent/Guardian Name

Parent/Guardian Signature