

**FAIRFAX COUNTY PUBLIC SCHOOLS**

**PRARENTAL AUTHORIZATION  
AND  
ACKNOWLEDGEMENT OF RISK  
(AFTER-SCHOOL PROGRAM)**

I hereby grant permission for my son/daughter to participate in the After-School Program (the program), to be sponsored by Mantua Elementary School, during the school year, 2009 -2010. 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 potential injury. Further, I agree, 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 for the Program (attached), 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

After the Kids Care Club Meeting, my child will be:

\_\_\_\_\_ Going to SACC

\_\_\_\_\_ Picked up no later than 4:30 pm by

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

\* Siblings can share this form

\* Please let your child's teacher know that s/he is attending the meeting after school and should go to the Upper Pod.