UMHSCC School-Age Care
Permission Form

Please carefully review the information regarding your child’s attendance in the UMHSCC School-Age Care program. We want to ensure a safe and fun environment for all children attending. By acknowledging and granting your permission in the following areas, we will be on our way to creating exciting, memorable experiences.

Child’s Name: _________________________________________________________________

(Please complete a separate form for each child attending)

Health Record: I/we acknowledge that our child is in good health and her/his immunizations are current. Any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

□ My/our child carries an Epi-pen. I am attaching an allergy action plan.

□ My/our child carries an inhaler. I am attaching an individual medical action plan.

Health Record/Behavioral Additional Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Transportation: Throughout the school year, the UMHSCC School-Age Care group will be going on different field trips around the Ann Arbor area using the AATA or UM commuter buses for transportation. I/we grant permission for our child to attend these field trips and for the program staff to take my child on these buses.

Parent/Legal Guardian 1: _________________________________/Signature Date _________

Parent/Legal Guardian 2: _________________________________/Signature Date _________