

# Middle School Dance



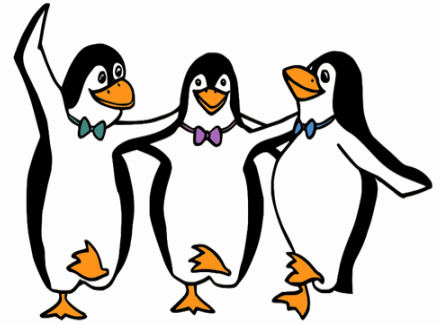
# "Winter Dance"

Where: Christ the King Catholic School  
3401 Tidewater Drive  
Norfolk, VA 23509

When: **Friday, January 11th**

Time: 6:00pm - 9:00pm

Admission: \$5.00 and a canned good



Christ the King Catholic School "Winter" Dance  
Friday, January 11, 2019

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Yes, my child plans to attend the dance. I understand the Parental Consent & Medical Release form must be sign and return to the school by Friday, January 4th, for my student to attend he dance.

Yes, I would be happy to chaperone. Name: \_\_\_\_\_

I understand that students will not be released to anyone but their parent unless arranged in advance. Parents must come inside to pick up their child.

## Parental Consent and Medical Release

I acknowledge the intent of this educational program and consent to my child, \_\_\_\_\_ participating. Should an accident occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician to administer treatment he/she deems appropriate. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency contact name/phone # (Not a parent)