



Permission Slip

Child's Full Name: _____

Child's Grade: _____

Please check one of the options below

- _____ I give the above named permission to participate in the Walk-A-Thin on Friday, 10/30/2020.
- I give my child permission to leave the school building and attend this outing. I will not hold St. Kevin's Catholic Academy, and/or any of the faculty and/or staff, liable for any injury sustained while my child is on this outing.
 - I understand that my child is to comply with all St. Kevin's rules while he/she is away from the school.

_____ My child will remain in school and **will not** attend this outing.

Signature of Parent or Guardian

Print Name