



## Community Sponsored Drop-In Sessions Permission Slip

By completing this form, you are allowing your child to participate in community sponsored activities with **Elms Family and Community Services (EFCS)**. Activities covered under this permission slip include summer employment, career, and/or college planning that requires your child to be **at the Mount Clemens Public Library (MCPL)** after school on his/her selected drop-in days. Your child must stay in the designated conference or study room until his/her session/activity ends on scheduled drop-in days.

**Please completely fill in this form and return it to the designated EFCS or MCPL Staff:**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade \_\_\_\_\_

Attending School \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

List any medical conditions we should know about: \_\_\_\_\_

\_\_\_\_\_

List any dietary restrictions we should know about: \_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP or 504 Plan? **(Circle One)** Yes /No

If yes to the above, please list any accommodations we should know about or provide a copy of the IEP or 504 Plan that lists accommodations:

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_