



**SAINT SAVIOUR HIGH SCHOOL WALKATHON!**  
**Friday, October 4 in Prospect Park**  
**Permission Form - Please return this form to the office**  
**by September 13.**



I understand that this is a mandatory event and a regular school day for my daughter. My daughter will be responsible to fundraise the minimum 2019 Walkathon contribution of \$125. If this amount is not fulfilled, I understand that it will be added to my financial account.

My daughter has my consent to participate in the 2019 SSSH Walkathon in Prospect Park on Friday,

October 4<sup>th</sup>. I have indicated below any medical history or restrictions which may affect my daughter's participation in Walkathon. Please note that asthma or allergy medication should be brought to the park.

In the event of an emergency, please contact the emergency number listed below. However, if this contact is not immediately available and a medical emergency develops, I authorize the school to obtain necessary medical care.

Student Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Restrictions/concerns:

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Parent Signature: \_\_\_\_\_

Date:

Parent Name: (print) \_\_\_\_\_

Phone: \_\_\_\_\_

**Parents and family**

\_\_\_\_ Yes I would like to be a volunteer!

Volunteer Name \_\_\_\_\_

Email \_\_\_\_\_

Volunteer shirt size (circle one) S M L XL 2XL

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