

Parents: Would you like some time for a romantic dinner with your spouse or sweetie?

Let PKY Marine Science Club help with our....

PARENT'S NIGHT OUT

FRIDAY FEBRUARY 12, 2016

5:30PM – 9:00PM

We will be in the PKY gym. Parents, please plan to check your child(ren) in and out. You must bring picture identification. Students will be served pizza and drinks, play games, watch a movie and eat popcorn.

This special event is open to all P. K. Yonge families

The cost is \$15.00 per child for the evening

If your student(s) will attend please fill out the form below and return it to the Renee Andrews' mailbox (in the PKY front office) by Tuesday, February 9th, 2016.

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My child(ren) will be attending parent night out Friday February 12, 2016 enclosed is payment for each child attending (cash, or check made payable to University of Florida with "Marine science Club" in the memo). In addition, please complete the permission slip on the reverse side of this paper.

STUDENT NAME(S) _____

MUST BE RETURNED BY: Tue. Feb. 9th (DATE)

Teacher in Charge of the ~~Trip~~ ^{event} Renee Andrews

I hereby give my permission for my son/daughter: _____

To participate in a ~~class trip to~~ ^{parents night} _____

Date of Trip: Fr. Feb 12th, 2016

Time Leaving School 5:30 pm

Time of Return to School 9:00 pm

Mode of Transportation none needed - in PKY gym

Permission forms must be 1) signed by a parent guardian, 2) approved by an administrator, and 3) cleared through attendance at least 3 days prior to the trip. No student will be allowed on any trip without this permission. Parents are responsible for pickup for their child if after regularly scheduled school hours.

NOTE: If a parent does not pick a child up within 30 minutes of arrival at school at the end of a field trip, the student will not be able to participate in the next field trip scheduled for his/her class or grade level.

Emergency Treatment Consent

Please list ANY health concerns that may be relevant to your child's participation in this field trip:

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son/daughter if medical attention is needed. I understand that all necessary precautions will be taken by P.K. Yonge DRS faculty and staff for the welfare and safety of my child. I will not hold P.K. Yonge or its staff or faculty responsible in the case of injury to my child.

Parent Signature _____

Date _____

In case of emergency, every effort will be made to reach the people listed below:

Emergency Contact 1 - Name: _____ Phone: _____

Emergency Contact 2 - Name: _____ Phone: _____