

Student's Name _____

Teacher _____ Room # _____

**PERMISSION FORM
Montclair Elementary School
44th Annual Otter Walk**



EMERGENCY CONTACT INFORMATION: Please complete this form by indicating contact details for you or a designated adult who will be responsible for your child on Saturday, October 19, 2019 from 8:00 am – 4:00 pm.

Please note: The Otter Walk is not a drop-off event and a guardian or designated adult must be on site all day and responsible for your child.

Contact Name _____

Relationship _____ Phone _____
(where contact can be reached during the event)

I hereby give my consent for the above student to participate in the Otter Walk on Saturday, October 19, 2019. I understand that the walker may come home from this event with sore feet and a smile.

Please let us know if your child has any food allergies of which we should be aware:

Parent/Guardian Name _____

Parent/Guardian Signature _____

Student Signature _____

**BRING THIS FORM WITH YOU
TO THE OTTER WALK!!**