



# Lock-In Permission Form

I give my student, \_\_\_\_\_, permission to attend the Transition Program's Lock-In beginning at student dismissal on Friday, May 3<sup>rd</sup> until 11:00 that evening.

Since each student has medical/emergency information on file, the only information needed will be contact information for staff use, if necessary. One phone number must be a phone number that you can be reached at, at anytime during the event.

Please list your contact information in the box(es) below.

Relationship to Student	Phone Number

In addition, please list any pertinent medical, dietary, or other concerns you would like staff to be aware of.

**MEDICAL: (will student require medication during the lock-in? If yes, Transition nurse will contact you prior to May 3rd to determine how medication will be administered.)**

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**DIETARY:**

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**OTHER:**

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Parent/Guardian Signature

Date