## School Movie Night Permission Slip

Student Name:		
Teacher/Grade:		
Date of Movie Night:		
Movie Title:		
Location:		
Time:		
Special Instructions:		
Allergies / Medical Needs:		
Emergency Contact Name Phone:	&	
I give permission for my ch	ild to attend the school movie night.	
Parent/Guardian Signature		
Date		
Please return this form to you	 ır child's teacher by	