

Concordia Preparatory School  
1145 Concordia Drive  
Towson, MD 21286  
410-825-2323

**Activity Afternoon/Night  
PERMISSION FORM**

I give my child \_\_\_\_\_ permission to attend the Middle School Activity Afternoon/Nights as scheduled on the Concordia Prep School calendar.

I also give consent for the school officials to obtain, through a physician of their choice, such medical care as may be reasonably necessary for the welfare of my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency Contact Phone Number: \_\_\_\_\_

Medicine used by student: \_\_\_\_\_

Allergic reactions to: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

**PERMISSION FORM MUST BE RETURNED BEFORE THE STUDENT MAY ATTEND THE  
ACTIVITY AFTERNOON/NIGHT**

\_\_\_\_ Yes, I plan to utilize EDP on Friday, March 16<sup>th</sup> from 3:30-6:00 PM.