

**The Steppingstone Foundation
April Vacation Permission Slip**

Dear parents/guardians:

During April vacation week, Tuesday, April 18 – Saturday, April 22 Steppingstone Staff will be leading numerous events for Scholars to partake in. These events include college tours, community service, a courthouse tour, and even an aquarium visit. Each event will be highlighted below in more detail.

Please check off the event your Scholar plans to attend and return this permission slip to Mr. Kuljancic at hkuljancic@tsf.org no later than **Wednesday, April 12**. **If you are not able to scan the permission slip to Mr. Kuljancic, you can bring it into the office or mail it to One Appleton Street, 4th floor Boston, MA 02116** If your permission slip is late, your Scholar will not be eligible to attend the Steppingstone events. Please take into consideration the fact that each event has an age restriction and also might have limited space. Scholars attending these events will be on a first come first serve basis.

Accordingly, please fill out and sign the permission slip as well as the medical release form. **You must complete the forms prior to the deadline (April 12, 2017) for your Scholar to be able to attend the events.** For contact with your Scholars during the day, you may call Mr. Kuljancic at 617-670-5330 or Mr. Robinson at 617-670-5331. Thank you!

Name: _____ has my permission to attend the following Steppingstone events.

(Please **check all of the events your Scholar will be attending**) You can find more details and the description of each event on our website: tsf.org/events

Check If Yes	Tuesday	
<input type="checkbox"/>	12:00p.m.- 2:00p.m.	<u>CSA REUNION</u>
<input type="checkbox"/>	1:00p.m. – 5:00p.m.	<u>THE SPORTS MUSEUM AT TD GARDEN</u>
Wednesday		
<input type="checkbox"/>		<u>THE ANNUAL CITY OF BOSTON COLLEGE TOURS</u> (please circle which college(s) the Scholar will be attending. They are allowed to attend one in the morning and one in the afternoon!)

		<p>MORNING <i>Harvard University – 9:00 a.m. to 1:00 p.m.</i> <i>Boston University – 9:00 a.m. to 1:00 p.m.</i></p> <p>AFTERNOON <i>Boston College – 1:00 p.m. to 5:00 p.m.</i> <i>Tufts University – 1:00 p.m. to 5:00 p.m.</i></p>
Thursday		
<input type="checkbox"/>	9:30a.m.- 12:30p.m.	<u>“Connecting with the Arts!”</u> <u>MFA VISIT</u>
Friday		
<input type="checkbox"/>	11:30a.m. – 3:00p.m.	<u>April Aquarium visit</u> Only 8 sports are available on a first come first serve basis ***Must RSVP by April 6 in order to be eligible
Saturday		
<input type="checkbox"/>	12:00p.m.- 1:00p.m. at SMASH	<u>8th Grade Celebration</u>

***All events will require the Scholar to have money or a T pass available for public transportation. Please ensure that the Scholar comes equipped with a form of transportation.

In the case of an emergency, please call me at the number listed below. If you cannot reach me, I hereby authorize the administration of any treatment deemed necessary by a licensed physician or dentist and the transfer of my child to any hospital reasonably accessible. I also understand that my child is responsible for transportation to and from One Appleton Street, 4th floor Boston, MA 02116. I have described travel arrangements below.

Parent/Guardian Signature: _____

Best contact phone number on the day of: _____

How will your child be getting home?: _____

**The Steppingstone Academy
Authorization for Medical and Surgical Treatment**

In the event that reasonable attempts to contact me or _____ at _____
emergency contact (relative, friend) daytime phone

have been unsuccessful, I hereby authorize: (1) the administration of any treatment deemed necessary by a licensed

physician or dentist; and (2) the transfer of my child _____ to any hospital reasonably accessible. *child's first & last name*

Parent Signature: _____ Date: _____

Parent Name(s): _____
please print

Home Phone: (____) _____ Work Phone 1:(____) _____
Work Phone 2: (____) _____

Scholar's Date of Birth: _____

Medical Insurance Information

Company Name: _____ Policy or I.D. Number: _____

Name of Subscriber/Policy Holder: _____

Medical Information

My child's blood type is:

Please list any medical conditions for which your child is currently being treated:

Please list any medications your child is currently taking:

Allergies (Please list all allergies below):

Foods:

Medications: