

# PARENT'S NIGHT OUT PERMISSION FORM

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**Brock National Honor Society** Where: **Brock High School**

(only for children in grades K to 4<sup>th</sup>  
Maximum of 45 kids)

When: **February 17, 2018, 6:00  
p.m. to 9:00 p.m.**

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## **Please return this permission slip by February 15.**

I give permission for my child \_\_\_\_\_ to attend the Parent's night out event at Brock High School on Saturday, February 17, 2018, 6:00 p.m. to 9:00 p.m.

Please send \$20 with this permission form to the front office of Brock High School. Please make checks payable to Brock ISD or send \$20 cash.

## **Special information for my child: (Asthma, diabetes, allergies, medication)**

## **Emergency contact:**

Name:

Phone:

In case of an emergency, I give permission for my child to receive medical treatment.

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Parent/Guardian Signature

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Date