

Walkathon Participation Form

Date: _____

I _____ give my child _____
(name of parent/guardian) (homeroom)

permission to participate in the R.I. Baker Walkathon on Friday, October 11, 2019.

Signed: _____

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Volunteer Portion

Parent/Guardian's name: _____

Contact information: _____

Student's name/homeroom: _____

- Patrollers will need to meet at the school 9:00 am for maps, vests, and signs on the day of Walkathon

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Medical Information

My child has a medical condition which the school needs to be made aware of. Y N

If yes, please list condition _____

Medication required _____

Student will carry own puffer Y N

Parent or guardian contact info: _____

**This form must be completed and returned to Homeroom teachers
as soon as possible or by Friday, Oct. 4, 2019.**