

Late Arrival to Medway Extended Day Authorization and Consent

I _____, hereby authorize my child _____

to attend the following afterschool program(s)/activity(s) _____

Date(s) from _____ to _____ Day(s) _____ Time(s) _____ located in

Classroom# _____ Gym _____ Library _____ Other _____

If other, please specify location _____

I understand I am responsible for my child until he/she arrives at MEDI.

Parent Signature _____ Date _____