



# *SANDALWOOD* Herpetology Club

Sandalwood High School 2750 John Prom Blvd., Jacksonville, Florida 32246  
(904) 646-5100 ext 2301 monlezunm@duvalschools.org

## PERMISSION FORM

I have read the information letter and am aware of the details pertaining to this club and give my child  
\_\_\_\_\_ permission to participate.

\_\_\_\_\_ guardian signature

\_\_\_\_\_ date

\_\_\_\_\_ relationship

I will abide by the rules set forth by the Sandalwood Herpetology Club with the full understanding that noncompliance can result in dismissal from the club.

\_\_\_\_\_ student signature

## EMERGENCY CONTACT INFORMATION

Please provide contact information in case of an emergency.

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____