



Special Playtime Permission

September _____
YEAR

Dear Parents,

Over the course of the year, our therapists will be in and out of your child's classroom. Although their primary responsibility is to work with our students with special needs, your child might be invited by a friend to enjoy this special playtime.

Please return this form if your child has permission to join a friend with our fabulous therapists at Merricat's.

Many thanks,
Linda, Mimi and Sheryl

I give permission for my child

First

Middle

Last

to leave the classroom with a friend and a Merricat's therapist.

Parent/Guardian Signature

Please Print Name of Parent/Guardian