



MEDICINE HAT SCHOOL DISTRICT No. 76

601 – 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

Permission for Distal Supervision _____ *School*

Distal Supervision is defined as intermittent, direct supervision by staff where there is a planned, location-specific, time-limited program activity for children 9 to 12 years of age.

I, _____, give permission for my child
_____, to be included in group activities
where distal supervision is in effect as defined above. I understand that staff will provide direct supervision
and check on my child at reasonable intervals.

signature

date