

**PERMISSION SLIP**  
**SARAH HEINZ HOUSE**  
**Girls Sleepover**  
**Saturday, February 16th, 2019 – Sunday, February 17th, 2019**  
**RESCHEDULED FROM SATURDAY, JANUARY 19TH**  
**8:00pm – 8:00am**

(NAME) \_\_\_\_\_ has my permission to attend the Girls Sleepover on January 19, 2019. I understand that the members will arrive at Heinz House at **8pm on Saturday, February 16th** and leave Heinz House at **8am on Sunday, February 17th**.

**Staff in Charge:** Danica Van Volkenburg, Director of Wellness and Family Engagement  
412-231-2377 Phone (Heinz House)  
[VanVolkenburg@sarahheinzhouse.com](mailto:VanVolkenburg@sarahheinzhouse.com)

**Who can Sign Up:** All members may sign-up at the Front Desk.  
**Thursday, February 14th is the deadline. Must have 30 participants or the event will be cancelled.**

**Cost:** \$10 (Only need to pay if you were **NOT** originally signed up for the January 19<sup>th</sup> date)

**How to Sign Up:** Sign-Up at the front desk. Permission slip and payment must be submitted at the same time.

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(NAME) \_\_\_\_\_ has my permission to attend the Girls Sleepover at Sarah Heinz House on February 16, 2019. I understand that the members will arrive at Heinz House at **8pm on Saturday, February 16th**, and leave Heinz House at **8am on Sunday, February 17th**.

In case of emergency or injury, I give my permission for a Heinz House Program Staff Member to seek all emergency care needed until such time that I may be notified or present to take responsibility for care of the above named Heinz House member.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **2nd Phone #** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Other Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Any other information that we should know about your child?** \_\_\_\_\_