

East Moriches Union Free School District
9 Adelaide Avenue
East Moriches, NY 11940

PERMISSION LETTER FOR CONTACT LENSES AND ORTHODONTIC APPLIANCES

My child, _____ has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses and/or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take the calculated risks involved and assume responsibility for replacement of the above should they be lost or broken.

_____ Contact lenses

_____ Orthodontic Appliances

Signature of Parent or Guardian

NOTE: PLEASE RETURN THIS SIGNED FORM TO THE SCHOOL NURSE.