



Permission Slip

| | |
|---------------------|---|
| Date and Time | |
| Location | |
| Cost, e.g., lunches | |
| Transportation | Carpooling. Designated drivers are adult supervisors. |
| Additional Notes | 1. Students will participate in: |

Please return this permission slip by _____.

I give permission for my child _____ to attend the event as indicated above.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such emergency, please contact:

Name/Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____