

PARENT'S PERMISSION SLIP

EVENT INFORMATION (Parents Save This Portion)

Date(s) of Event _____

Departure Location _____

Departure Time _____

Event Itinerary _____

Return Location _____

Return Time _____

Our Group Can Cannot be reached by phone in case of emergency.

If so, details are: _____

For more information in advance of the event, phone the event leader:

Name _____

Phone # _____

PERMISSION SLIP

(Parents Return This Portion to Event Leader)

I grant permission for (name of minor) _____

to attend (event) _____

at (location) _____

Signature _____

Relationship to minor _____

Phone # where I/we can be reached (_____) _____

Alternate Phone # (_____) _____

Date _____