PERMISSION SLIP

THE TRIP OR ACTIVITY

Activity _____

Date _____ Leaves at _____ Back by _____

Where _____ Travel by _____

Cost _____ Contact _____ Phone _____

What to bring and other details

_____

_____

_____

Please return the slip below by _____

✂ Keep the top part. Cut here and return the slip below.

CHILD

Activity _____ Date _____

Name _____ Grade or class _____

☐ I give permission for my child to take part. ☐ I do not give permission.

EMERGENCY CONTACT AND HEALTH

Parent or guardian _____ Phone today _____

Other contact _____ Phone _____

Allergies, medicines or health needs

_____

_____

_____

☐ In an emergency, if I cannot be reached, I allow the staff to get medical treatment for my child.

I have read the details above and the answers I gave are correct.

_____ Parent or guardian's signature

_____ Date

FOR THE ORGANIZER

☐ Slip received ☐ Paid ☐ Medical form on file

Checked by _____