

# PERMISSION FORM

EVENT NAME:

DATE:

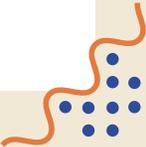
TEACHER NAME:

LOCATION:

TIME:

COST:

NOTES:



PLEASE DETACH AND RETURN THIS PERMISSION SLIP BY \_\_\_\_\_.

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I give \_\_\_\_\_ permission to attend \_\_\_\_\_.  
[Student name] [Event name]

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip.

I give my permission for \_\_\_\_\_ to receive emergency medical treatment.  
[Student name]

In case of emergency, please contact: \_\_\_\_\_ at \_\_\_\_\_.  
[Emergency contact] [Contact phone]

Signed: \_\_\_\_\_  
[Parent/Guardian] [Parent/Guardian phone]

