Permission Form

EVENT NAME:	
DATE OF EVENT:	
BEGINNING TIME:	ENDING TIME:
I give permission for my child,	
(child's name) to go to	
(place) on	<i>(date)</i> with
	I
understand that transportation will be provided by	
(Me	thod of Transportation). During
the event, I can be reached at	(Your
phone number and or emergency contact).	
In the event that you are unable to contact me, please contact:	
Emergency Contact Name:	
Emergency Contact Phone:	
Parent/Guardian Si	gnature Date