

# Guardian Approval Letter

Date:

To Whom It May Concern,

I, , am the legal guardian of . I hereby give my full approval and consent for my ward to participate in the following activity/program:

- Activity/Program Name:
- Location:
- Date(s):

I understand the nature of this activity and accept all terms and conditions set forth by the organizers.

Should you require any further information or clarification, please feel free to contact me.

Sincerely,

Guardian Name:

Signature:

Contact Number: