

Parent/Guardian Permission Slip for Off-Campus Activities

Please complete and return this form to the school prior to the scheduled activity.

Student Name:

Grade:

Activity/Event Name:

Date of Activity:

Emergency Contact Name:

Emergency Contact Phone Number:

I, the undersigned parent/guardian, give permission for my child to participate in the above-named activity. I understand that reasonable precautions will be taken to ensure my child's safety.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: