

# Permission Slip

<b>Activity / Trip</b>

<b>Destination / Venue</b>

<b>Date</b>

<b>Departure Time</b>

<b>Return Time</b>

<b>Medical / Dietary Notes</b>

I give permission for my child to take part in the activity described above. I understand the details provided and agree to the arrangements for supervision and transport. I confirm that the contact and medical information given is correct to the best of my knowledge.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**