

Permission Slip



Please return permission slip to _____

Place: _____

Purpose: _____

Date: _____ **Time:** _____

Contact details: _____

Time to be dropped of: _____ **Where:** _____

Time to be picked up: _____ **Where:** _____

NAME: _____ will be attending:

I also agree that in the event of any illness or accident I authorise the obtaining on my behalf of any medical assistance as my child requires. I accept the responsibility for payment of any expenses thus incurred.

Parent/Guardian Signature: _____ Date: _____

Parent's Name (*please print*) _____