**Permission Slip**

Directions: Here is a sample permission slip which you may use or adapt for your own after-school program. Some programs have a health release form on file, so this information may not be necessary on your form.

Your child has chosen to participate in the following activity:

Activity Location

Date

Departure time Location

Mode of travel

Return time Location

Contact in the event of emergency.

 Name and best contact number (phone/cell/pager)

[If there is a fee:] There is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_ fee for this activity.

Please return the form below with a check payable to .

(Please detach and return)

Itinerary Information

I give my permission for (students name)

to participate in the (program name)

Health Release

I give permission for the teacher and escort in charge to act on my behalf to take measures they deem necessary in the event of sickness or injury during the field trip. I agree to pay for any medical expenses for my son/daughter whose name appears above.

 Current medical conditions or medication

 Insurance Policy #

 Policyholder’s name

 Signature of Parent or Guardian Date