

General Permission Slip

Organization: _____

ACTIVITY DETAILS

Activity Name * _____

Activity Date * _____

Activity Location * _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____

Parent/Guardian Name * _____

Parent/Guardian Phone * _____

Parent/Guardian Email _____

Emergency Contact Name * _____

Emergency Contact Phone * _____

I hereby give permission for my child to participate in the above-described activity.

Parent/Guardian Signature _____

Date _____