

Off-Campus Activity Permission Slip

Organization: _____

ACTIVITY DETAILS

Activity Destination / Location *

Purpose of Activity *

Transportation Method *

Departure Time *

Return Time *

Activity Date *

PARTICIPANT INFORMATION

Child's Full Name *

Date of Birth *

Parent/Guardian Name *

Parent/Guardian Phone *

Parent/Guardian Email *

Emergency Contact Name *

Emergency Contact Phone *

MEDICAL INFORMATION

Medical/Allergy Information

I give permission for my child to participate in the above off-campus activity and authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date
