PERMISSION SLIP

BEGINNING TIME: _____   ENDING TIME: _____

I give permission for my child, _____ to stay after for
(child's name)

_____ on _____ .
(event)   (date)

My child has the permission to ride home with _____ at the end of the event.

During the event, I can be reached at _____ *(Your phone number).*

In the event that you are unable to contact me, please contact:

Emergency Contact Name: _____   Phone: _____

_____   _____
Parent/Guardian Signature   *Date*

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