



IN-HOUSE PERMISSION FORM

PLEASE FILL OUT AND RETURN TO YOUR LEADER

NAME:

CONTACT NUMBER:

ALLERGIES:

EXTRA INFO:

I, _____ (Parent's name), allow _____
(Name of Child) to participate in _____ (event) on
_____ (Date)

_____ (Signature)

Signed by: _____ Relationship to child: _____

on (date): _____

****PLEASE NOTE THAT YOUR CHILD WILL NOT BE ABLE TO PARTICPATE UNLESS PERMISSION FORM HAS BEEN FILLED OUT AND GIVEN TO THE LEADER(S)**

QUESTIONS OR MORE INFO PLEASE CONTACT:
