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PARENT OR GUARDIAN PERMISSION SLIP

Organization: [school, club, team or group name]

Leader in charge: [name], phone during the activity: [number]

1. The Activity

Activity: [e.g. "Science museum field trip"]

Date(s): [date]

Leaves at: [time] from [place]

Returns at: [time] to [place]

Location: [name and address]

Description: [short description of what the children will do]

2. Transportation

The children will travel by: ☐ School or organization bus ☐ Chartered coach ☐ Walking ☐ Public transit

☐ Cars driven by approved adult volunteers ☐ Other: [describe]

☐ My child may ride with an approved adult volunteer driver.

☐ I will drop off and pick up my child myself.

3. Cost and What to Bring

Cost: [\$ amount], due by [date], payable to [name] by [method]. ☐ Financial help is available; contact [name].

Please bring: [e.g. packed lunch, water bottle, closed-toe shoes, jacket]

Please leave at home: [e.g. phones, electronic games, money over \$10]

4. Student Information

Student's name: [full name]

Grade, class or group: [details]

Date of birth: [date]

5. Emergency Contacts

Parent or guardian: [name], phone [number], alternate phone [number]

Second contact: [name], relationship [relationship], phone [number]

6. Medical Information

Allergies (foods, medications, insects): [list, or "None"]

Medications needed during the activity, with dose and time: [list, or "None"]

Medical conditions chaperones should know about: [e.g. asthma, diabetes, seizures, or "None"]

Dietary needs: [list, or "None"]

Health insurance: [company], Member ID [number]

☐ My child will carry their own inhaler or epinephrine auto-injector.

7. Emergency Treatment

If my child is hurt or becomes ill during the activity and I cannot be reached, I authorize the leader in charge or another chaperone to call emergency services and to consent to emergency medical treatment that a licensed provider considers necessary. The organization will try to contact me as soon as possible. I am responsible for the cost of any treatment.

8. Photos and Video

☐ Yes, photos or videos of my child taken during this activity may be used in [e.g. class newsletter, organization website, social media].

☐ No, please don't publish photos or videos in which my child can be identified.

9. Supervision and Chaperones

The children will be supervised by [number] adults, including [names or roles of staff and volunteer chaperones]. The ratio of adults to children will be at least 1 to [number]. Chaperones will carry a list of emergency contacts and the medical information on this slip, and will keep that information private.

☐ I would like to volunteer as a chaperone. Best phone number: [number]

10. Behavior

My child will follow the instructions of the leader and chaperones. If my child's behavior puts themselves or others at risk, the leader may contact me to pick them up, at my cost.

11. Permission

I am the parent or legal guardian of the student named above. I give permission for my child to take part in the activity described in this slip, and the information I have given is accurate.

I agree this permission slip may be signed electronically, and an electronic signature has the same effect as a handwritten one.

Signatures

Parent or Guardian

Signature: _____

Name: [full name]

Date: [date]