

Off Premise Activity Permission

A. Parent and Child Information

Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary

B. Emergency Contact Information (non-parent)

Name	Telephone Number
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C. Authorized Destination and Departure and Return Times

Location of off premise activity	Departure Time	Return Time
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D. Parent Signature and Date

Permission to participate is valid from [give date] to [give date].		
From	To (up to 12 months)	
Signature of Parent or Guardian		Date

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Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary

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