

PERMISSION SLIPS FOR PARK PROGRAM
(THESE MUST BE FILLED OUT)

**If using for more than one child please be clear regarding allergy/medical information and leaving the park

Child's Name: _____

Parent/Guardian's Name _____

(Please print)

Allergies/Medical/Concerns:

Parent/Guardian's Name: _____

(Please sign)

Parent/Guardian's Phone Number:

(Home) _____

(Work) _____

(Cell) _____

In case of emergency please call:

Name: _____

Number: _____

Please indicate below if your child is allowed to leave the park program before 12 noon without parental supervision.

___ Yes, I allow my child to leave the park program without parental supervision.

___ No, I do not wish for my child to leave the park program before 12 noon.

******Please note that this form is for the safety of the children and so they can be accounted for at all times.**