

# Children's Activity Trip Transport Permission Slip

## Participant Information

Child's Name

Date of Birth

Parent/Guardian Name

Contact Number

## Trip Details

Activity/Trip Name

Date of Trip

Departure Time

Return Time

Location

Method of Transport

## Medical & Emergency Information

Medical Conditions/Allergies

Emergency Contact Name

**Emergency Contact Number****Permission & Authorization**

I hereby give permission for my child to participate in the above-named activity/trip and to be transported as necessary. I understand that all reasonable measures will be taken to ensure the safety and wellbeing of all participants.

**Parent/Guardian Signature****Date**