

Sports Stadium Tour Permission Slip

Student Name:

Grade/Class:

Teacher/Chaperone:

Date of Tour:

Location:

Emergency Contact

Name:

Phone:

Medical concerns or allergies:

I give permission for my child to participate in the Sports Stadium Tour. I understand that transportation and supervision will be provided by the school. In case of emergency, I allow school staff to seek necessary medical care.

Parent/Guardian Signature:

Date:
