

# Event-Specific Travel Permission Slip

## Event Information

Event Name

Date

Location

Purpose of Trip

## Participant Information

Full Name

Age

Grade/Class

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

## Medical Information

Allergies/Medical Conditions

Emergency Contact Name

Emergency Contact Phone

**Permission Statement**

I, the undersigned parent/guardian, give permission for the above-named participant to attend the specified event and authorize necessary emergency medical treatment as required.

Parent/Guardian Signature

Date