

Youth Collaborative Art Program Permission Slip

Participant Name

Age

Parent/Guardian Name

Parent/Guardian Phone or Email

Program Details

I hereby give permission for my child to participate in the Youth Collaborative Art Program. I understand and acknowledge the nature of the activities and consent to my child's involvement.

Medical Information

Allergies, medications, or special needs

Emergency Contact Name & Number

Parent/Guardian Signature

Date

For questions or more information, contact: