

Children's Art Class Permission Slip

Student Information

Student Name

Age

Class Date(s)

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Emergency Contact

Name

Phone

Relationship

Medical Information

Allergies or Medical Conditions

Special Instructions

Permission & Signature

I give permission for my child to participate in the Children's Art Class. I understand all reasonable precautions will be taken for the safety and health of my child.

Signature of Parent/Guardian

Date