



Parent's Permission for Group Activity

Our Group: First Class Youth

is Planning: _____
(activity)

Where: _____ Date: _____

Leaders: _____ Phone # _____

Leaders: _____ Phone # _____

Leaders: _____ Phone # _____

Group will leave from: _____ at _____
(place) (time)

We will return to: _____ at _____
(place) (time)

The cost for each student will be: _____

Note: If the group will be late in returning, the leader will be responsible for notifying the parents.

Tear off here and return bottom portion to Leader

My student, _____ has permission to attend the

_____ (activity) (date)

I agree to allow my student to participate in this activity at our own risk and therefore release First Class Christian Homeschool Co-op-Skagit County, its Board members and the leaders of this group from any liability related to this group activity. In case of emergency, the group leaders have my permission to authorize medical care if the parent or guardian cannot be reached.

Student's Medical Info: Please list any medication(s) or allergies or medical conditions: _____

Parent's or Guardian's Signature _____

Phone # _____

In case of emergency or if I can't be reached at the phone number listed above, then call: _____ (name)

_____ (alternate phone no.)