



PERMISSION SLIP

**Name of Event:** \_\_\_\_\_

I hereby give permission for my child:

Name: \_\_\_\_\_ of grade: \_\_\_\_\_

To attend event stated above.

**PARENT'S INFO.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ I GIVE PERMISSION TO THE STEP PROGRAM TO RESPOND APPROPRIATELY TO CARE FOR MY/OUR CHILD IN CASE OF EMERGENCY.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_