Transportation Permission Slip

I give my permission to ____________________________________________________________

(name of driver(s))

__________________________________________________________

(name of driver(s))

__________________________________________________________

(name of driver(s))

__________________________________________________________

(name of driver(s))

To transport/sign in/sign out my child ________________________________________________

(name of child or children)

__________________________________________________________

to, from and during Day Camp

During Day Camp I may be reached at:

Home Phone # ___________________________ Mobile Phone # ___________________________

If I cannot be reached in the event of an emergency, the following person is authorized to act on
my behalf:

Name__________________________________________________ Phone # _______________________

Relationship to participant _________________________________________________________

Other comments ________________________________________________________________

Signature of parent/legal guardian _________________________________________________

Date __________________________