

Permission Slips

**Outing Name:** \_\_\_\_\_

**Where:**

**When:**

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**I allow my son \_\_\_\_\_ to attend the \_\_\_\_\_ and if medical attention is needed a parent attending is allowed to give or medical personnel.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Outing Name:** \_\_\_\_\_

**Where:**

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**I allow my son \_\_\_\_\_ to attend the \_\_\_\_\_ and if medical attention is needed a parent attending is allowed to give or medical personnel.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_