

General Permission Slip

Complete the activity details, then send the blank authorization section to a parent or guardian. Adapt this template to your school or organization policies and local requirements.

School or Organization _____	Teacher or Contact _____
Event or Activity _____	Destination _____
Date _____	Departure Time _____
Return Time _____	Transportation _____
Cost if Any _____	Additional Event Details _____

Student and Guardian Authorization

Student Name _____	Grade or Class _____
---------------------------	-----------------------------

I give permission for the student named above to participate in the activity described on this form.

Parent or Guardian Name _____	Phone or Contact _____
Parent or Guardian Signature _____	Date Signed _____
Optional Emergency Contact _____	Optional Emergency Phone _____

Optional Instructions or Notes

Do not include sensitive medical details unless your school requires a separate approved process.

This general form is not a medical-consent form or a substitute for school-specific approval requirements.