



## PARENT PERMISSION FORM

Students Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact in case you can not be reached:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to participate in Sugarloaf Kids activities. Sugarloaf Kids staff and/ or volunteers have my permission to transport my child to and from an activity. In addition the Sugarloaf Kids staff and/or volunteers have my permission to seek medical treatment or emergency care for my child should such a need occur while my child is in their care.

Date:

Signature: