



Field Trip Permission Slip

Date:

Time:

Location:

Cost:

Transportation:

As the legal guardian for _____ I, _____ give permission for _____ to attend this/all activities with the True Colors Mentoring Program. In case of an emergency, I give permission for my child to receive medical treatment (Y/N). In case of such an emergency, please contact: _____ at _____.

Youth _____

Date _____

Facilitator _____

Date _____

Guardian (if under 18) _____

Date _____