

Parent/Guardian Field Trip/Activity Notificaiton Form

The _____ 4-H Project/Club is scheduled to travel to:

Location

Address /City/Contact Number)

DATE: _____ **DEPARTING (TIME):** _____ **RETURNING (TIME):** _____

Please have your child(ern) bring the following:

All drivers transporting 4-H members are required to have a safe operating vehicle, approved level of insurance and provide a seatbelt for each child.

For your child(ern) to participate, please complete and return the permission slip below by _____ (date).

If you have any questions, please call me at _____ (phone #).

The best time to reach me is _____

Volunteer Coordinator's Name

During this activity you can contact me at _____ (phone #)

 _____
(Detach and Return Completed Form to 4-H Volunteer Coordinator)

Parent/Guardian Fieldtrip/Activity Permission Slip

My child(ren), _____, has my permission to attend the

(name of 4-H activity) scheduled 4-H field trip/activity.

ACTIVITY DATE: _____ **LOCATION:** _____

I authorize _____ to transport my child(ren) for this field trip/activity. (Driver's full name)

DATE: _____ **SIGNATURE:** _____
(Parent/Guardian)

If parent/guardian is not attending please provide a phone number and address where you can be contacted during this Field Trip/Activity:

PHONE: _____ **ADDRESS:** _____