

**OFF-SITE ACTIVITY PERMISSION SLIP**

My child \_\_\_\_\_

has my permission to go with Provider, Co-provider or substitutes to the following places:

- ❖ Neighborhood playgrounds
- ❖ Open Waters Landing Elementary school field

I give permission to emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

Phone number for parent/guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Emergency info*

Insurance company and number \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_