

PERMISSION SLIP

DATE: \_\_\_\_\_

Please print legibly.

I, \_\_\_\_\_, the parent / guardian of  
\_\_\_\_\_ give permission for him / her to participate  
in and be transported to St. Max Community Service Projects, when I am unable to chaperone,  
from June 2004 through May 2005.

In case of an emergency I am to be called. I can be reached at the following number(s):

\_\_\_\_\_.

\_\_\_\_\_  
Parent / Guardian Name Printed

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date