

# Time Out Youth Permission Slip

## PERMISSION TO PARTICIPATE IN

\_\_\_\_\_ (Name of Event)

### REQUIRED IF UNDER 18

I, \_\_\_\_\_ (parent/guardian), being the parent or legal guardian of  
\_\_\_\_\_ (youth), will allow my youth to attend Time Out Youth's  
\_\_\_\_\_ (Name of Event).

In the event of a medical emergency, I authorize a staff member of Time Out Youth to enable my youth to be given care/treatment accordingly.

Name of youth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Parent/Guardian Signature

Emergency Contact Number: \_\_\_\_\_

\_\_\_\_\_ Date