

(This side for **YOU**)



EVENT PERMISSION SLIP

Use this generic event slip for any EBIC Youth Event. Event details (right) **MUST** be filled in for Permission Slip to be accepted.

For your reference

- EVENT _____
- DATE _____
- TIME _____

***DON'T FORGET TO PUT SPECIAL NEEDS or INSTRUCTIONS ON THE BACK OF THE PERMISSION SLIP! →**

Details for most EBIC Youth Senior High events can be found on our website:

SR. HIGH: etownbic.org/srhighevents

JR. HIGH: etownbic.org/jrhighevents



(This side for **EBIC**)
EVENT PERMISSION SLIP



Event Name *(required)*

Event Date *(required)*

Child(ren)'s Name *(required)*

EVENT PERMISSION CHECKLIST

Please initial each line to indicate your agreement. (required)
Please check any optional box(es) that apply

Initials
Required

- _____ I give permission for my child(ren) to attend this event.
- _____ I have completed & turned in an **EBIC Release Form** for my child(ren).
- _____ I assert that all information recorded in the EBIC database as it pertains to my child(ren), including allergies and emergency contact information, is correct to the best of my knowledge.
- I am interested in using credits to help pay for this event.
 - I am interested in further financial assistance for this event.
 - My child will be coming late or leaving early (Explain on back)
 - My child has special medical needs. (Explain on back)

Signature of Parent/Guardian

Date

Emergency Phone # for this event

*Please indicate all special needs/instructions on BACK!

