GEAR UP PERMISSION SLIP

be

I,	(parent/guardian), give my child,, rmission to attend the event listed below in the company of, ld's GEAR UP contact. I understand that this is not an official GEAR UP event. I also understand my child in		
permission to attend the event listed below in th	e company of	-	, my
child's GEAR UP contact. I understand that this	s is not an official GEAR UP	event. I also understand my child	may be
driven to the listed destination by the GEAR UP	contact, and I authorize thi	s person to accompany and transpo	ort my
child to this event and to any other destination a	associated with this event.	This GEAR UP contact has permis	sion to
transport my child and to the attend the event l	isted below with my child.		
GEAR LIP CONTACT:			
GEAR UP CONTACT:		_	
EVENT:			
DESTINATION:			
DEDARTIDE TIME /DATE.			
DEPARTURE TIME/DATE:			
ARRIVAL TIME BACK HOME:			
PARENT/GUARDIAN SIGNATURE	DATE	EMERGENCY CONTACT NUMBE	ΣR

For questions about GEAR UP, please call 425-5386.

GEAR UP staff – submit a copy of this form prior to the listed event.