



Activity Permission Slip

_____ (child's name)

has my permission to go on the (name of activity) _____ Royal Ambassador activity
at (place) _____ on (date) _____

I may be reached in case of emergency at (telephone number) _____

Parent/Guardian signature _____

Special allergies or other information: _____

Notary public (type or print name) _____

Signed before me this _____ day of _____ Year _____

Notary public signature _____ My commission expires _____

Medical insurance information

Insuring company or plan _____

Policy number _____

In case of emergency, notify:

Name _____ Phone _____