

HIGHLAND COUNTY 4-H ACTIVITY PERMISSION FORM

4-H Group _____ Activity (Include Destination) _____

Will Meet _____
Date *Time* *Place*

Will Return _____
Date *Time* *Place*

Your child should bring _____

Your child should wear _____

Adults accompanying _____

Please sign and return the consent form by _____. If there is any undue delay in getting home, you will be notified. If your child has any health conditions that should be watched, please advise the 4-H Volunteers who will be accompanying your child on this activity.

My child _____ has permission to go with the 4-H Group noted above on (date) _____. He/she is in good physical condition and has not been exposed to any contagious disease in the past two weeks. If photographs are taken for publicity purposes, the Group has my permission to use photographs of my child.

Parent/Guardian Signature _____

Phone Number where I can be reached during this activity _____

Phone Number where other parent/guardian can be reached _____