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 notifies. 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 _____________________________