



ACTIVITY PERMISSION

ALTERNATE TRAVEL PLANS PERMISSION SLIP

DATE OF EVENT _____

EVENT _____

(STUDENT'S NAME) _____ HAS PERMISSION

TO TRAVEL WITH _____ . WE RELEASE

JACKSON ACADEMY OF ALL RESPONSIBILITY CONCERNING THIS

ARRANGED ALTERNATE TRAVEL PLAN.

THIS SIGNED FORM MUST BE RETURNED TO THE PERSON IN CHARGE
THE DAY BEFORE THE EVENT (OR OTHER TIME DETERMINED BY THE
GROUP LEADER).

FATHER DATE

MOTHER DATE

GUARDIAN DATE