

Travel Permission Form

The Children/Youth Department is planning an off premises activity. Please read the details, sign and date the permission form and return it by _____ to _____.

Date of activity: _____

Description of activity: _____

Location of activity: _____

Date of activity: _____

Leaving at: _____ Returning by: _____

Transportation plans: _____

Leader's Name: _____

Name of Health Insurance Company: _____

Policy Number: _____ Subscriber's Name: _____

Other details: _____

