Parent Authorization Form

For Pathfinder, Adventurer, T.L.T. Activities During School Time

Name of School:
Name of Club:
Name of Pathfinder, Adventurer, TLT:
Date(s) of Activity:
Name or Nature of Activity:
Date and Time Student is to Leave School Grounds:
Name of Club Director:
Director's Telephone Number:
As the parent or guardian of the student named above, I give permission for him/her to leave school in accordance with the information given above.
Parent/Guardian Signature:
Date