



SLEEP OUT

PERMISSION SLIP

Dear Parent or Guardian:

We are excited to have your child participate in Sleep Out on [event date] at [event location]. Please complete the form below to confirm that you consent to your child's participation in this event and identify the adult who will be responsible for supervising them throughout the evening.

A signed copy of this form should be emailed to [event coordinator name & contact information] and your child should bring the original copy with them to the event.

Sincerely,
[event coordinator name & contact information]

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I give permission for my child, _____, to attend Sleep Out.
PRINT CHILD'S NAME.

I also give permission for _____ to assume responsibility for
PRINT NAME OF ACCOMPANYING ADULT

and supervision of my child for the duration of the event. During the event, I can be reached on the
phone at _____. If you are unable to contact me, please contact
PRINT PHONE NUMBER

_____ at _____.
PRINT PRIMARY CONTACT NAME PRINT PRIMARY CONTACT PHONE NUMBER

Signed:

PRINT PRIMARY CONTACT NAME

SIGN PRIMARY CONTACT NAME

**Please send a signed copy of this form to your Sleep Out organizer
and have your child bring the original with them to the event**