

Department of Youth Services-Lighthouse

45 Lyon Terrace, Suite 301

Bridgeport, CT. 06604

(203) 576-7252 (203) 576-7239 (fax)



Permission Slip to Participate in an Off Site Activity

I give permission for _____ to attend a field trip
(Name of Child)

on _____ at _____
(Date of Event) (Location)

I understand my child will be picked up at their respective school at or

around _____ and return to that school between _____
(Pick Up Time) (Return Time)

Should there be press at the event, I further understand my child may be interviewed or photographed as to their participation and agree to this in advance.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date Signed)