



6906 Old York Road
Philadelphia, Pennsylvania 19126
(215) 224-0200

www.awaywegoyouthtravelcamp.org

PARENTAL PERMISSION SLIP

DATE: _____

TIME: _____

LOCATION: Away We Go! Youth Travel Camp, Inc., 6906 Old York Road, Phila, Pa 19126

TRANSPORTATION: _____

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE NUMBER: _____

I GIVE PERMISSION FOR MY CHILD, _____

TO ATTEND THE:

Trip Name: _____

____: I will provide transportation for my child

____: I would like Away We Go! Youth Travel Camp, Inc. to provide transportation

In case of emergency, I give permission for my child to receive medical treatment:

Parent/Guardian Signature: _____

Date: _____

Away We Go!
Executive Director