

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 _____