

# General Permission Form 2018-2019

Center: \_\_\_\_\_ Child's Name : \_\_\_\_\_

**To whom it may concern:**

I give permission for my child/children \_\_\_\_\_ to partake in the following activity \_\_\_\_\_,

I also give permission for TLC, Inc. or its staff, to permit any medical or emergency treatment deemed necessary while my child is participating in this activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date