Permission Slip- Outdoor Skills Day

I, the parent/guardian of _____approve of my child attending
(Child's name)
the Outdoor Skills Day at Oak Grove Park on **Thursday, June 8, 2017 from 8:30 am- 4 pm,** participating in the activities planned. I agree that the Sioux County Conservation Board, Sioux County Extension and 4-H Program, Sioux County Sportsmen's Club, employees of these organizations, and all volunteers shall not be liable for any accidents or claims arising from participation in the outdoor. I _____ give permission for my child to be photographed and give the SCCB permission to use those photographs in advertisement, programs, newspaper, social media, etc.

Parent Email:

Person to contact in case of emergency: (include name, address, phone)

Other emergency names and numbers:

My child is allergic to: (medicines and allergies related to the outdoors)

Also, the following physical conditions may restrict my child's activities:

X_____ Signature of parent/guardian