

PERMISSION SLIP

I hereby give my child _____ (child's name) permission to:

- Take Part in the St. Jude Triathlon on September 12.
- Donate \$_____ to St. Jude's Children's Research Hospital.

Parent/Guardian Signature _____

Date: _____

*Parent Email Address _____

(Needed for Event changes/announcements)

Child's School Name _____ Grade _____

Bring your donations to your class or to our Academy.



Please place this slip and your donation in an envelop with your name on it and give it to your class rep.