



BALTIMORE HUMANE SOCIETY

protecting, saving, and caring for animals since 1927

1601 Nicodemus Road | Reisterstown, Maryland 21136

Tel: 410-833-8848 | Fax: 410-833-4481 | www.bmorehumane.org

Permission Slip to Visit BHS

The Baltimore Humane Society requests permission for your child _____ to participate in the Baltimore Humane Society Educational Outreach Program.

Date and Time: _____

Location: _____

Phone Number: _____

Description of Teaching/Class/Workshop:

Teacher Information:

Teacher's name: _____

Phone number: _____

Contact Address _____

Student/Childs Information:

Name: _____

Address: _____

Phone number: _____

Date of Birth: _____

Parental Information:

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

IN CASE OF EMERGENCY:

I/We make every effort to provide a safe and secure environment for your child during teaching/class/workshop events. In order to better protect the safety and health of your child, I/we request that you provide the following information:

In case of an emergency, I/We will contact the parent listed above. I/We request that the parent provide another contact (not living at the same address) that is authorized by the parent to act on his/her behalf should the parent not be available.

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Relationship to Parent/Student: _____

PLEASE INDICATE on the back of this notice:

Please list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. Indicate if the child has your permission to take such medication while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers. Also if you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of such person.

Permission Notice:

My son/daughter _____ has permission to participate in the Baltimore Humane Society Educational Outreach Program on (date of activity) _____.

Date of his/her last tetanus shot _____. He/She is allergic

to _____ and I have noted his/her physical limitations on the back of this form. During the activity, I may be reached at: Address _____ Phone _____ If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name and Address _____
Relation to participant _____ Phone _____
Additional Remarks _____

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.

Parent's Signature: _____ Date: _____

Please return this form to your school/leader/instructor prior to your visit to the Baltimore Humane Society. This form must be submitted to:

**Wendy Goldband
Director of Marketing & Public Relations
Baltimore Humane Society
1601 Nicodemus Road, Reisterstown, MD 21136
410-833-8848 ext. 202
wgoldband@bmorehumane.org
www.bmorehumane.org**