

# USAG Baden-Württemberg Child, Youth & School Services

## Off-Post/Special Activity Permission Slip

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
(parent/guardian) (student's name)  
permission to attend the \_\_\_\_\_ trip on \_\_\_\_\_.  
(destination) (date)

My child has no medical conditions of which CYS Services staff needs to be aware, nor requires medication on a regular or emergency basis. I agree to contact the CYS Services staff personally if such condition(s) exist.

I also give consent to an authorized CYS Services representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at any Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2/24 b.

### Code of Conduct

Good behavior will be expected of all students at all times. In the case of severe disciplinary problems, parents will be notified, and the student may be removed from the trip or activity. Return transportation cost will be the full responsibility of the parents.

_____ Parent/Guardian Signature	_____ Home Phone
_____ Student signature	_____ Sponsor's unit and duty phone number
	_____ Emergency contact number/cell phone

**A signed permission slip and registration with central enrollment is mandatory for students to participate in the above activity.**

If you have any questions, please call CYS Services MS/Teen Program Lion's Den at:  
DSN 388-9396  
Civilian 06221 338 9396