

**Claremont Historical Society**  
Youth Programming - Event Permission Slip

**Event Name / Date / Location**

Student FIRST name: \_\_\_\_\_ Student LAST name: \_\_\_\_\_ Grade: \_\_\_\_\_

School attended (circle):      CMS or SHS      Date of Birth: \_\_\_\_\_

Emergency Contact #1 NAME and PHONE NUMBER: \_\_\_\_\_

Relation: \_\_\_\_\_

Emergency Contact #2 NAME and PHONE NUMBER: \_\_\_\_\_

Relation: \_\_\_\_\_

*I give permission for my child, \_\_\_\_\_, to attend  
\_\_\_\_\_ on \_\_\_\_\_. I understand I must  
provide transportation for my child OR consent to them walking independently after the event. During this event, I  
can be reached at, \_\_\_\_\_ in the event of an emergency. For more  
information, please contact \_\_\_\_\_ at \_\_\_\_\_.*

Claremont Historical Society | 26 Mulberry St. Claremont, NH 03743 | (603) 543-1400 | [www.claremonthistory.org](http://www.claremonthistory.org) | Find us on Facebook!

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