

# Magical Musical Squad

## Authorization Form

EVENT NAME: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_

*(child's name)* to go to \_\_\_\_\_

*(place)* on \_\_\_\_\_ *(date)* with

\_\_\_\_\_. I

understand that transportation will be provided by \_\_\_\_\_

\_\_\_\_\_ *(Method of Transportation)*. During

the event, I can be reached at \_\_\_\_\_ *(Your*

*phone number and or emergency contact)*.

In the event that you are unable to contact me, please contact:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date