

CATHOLIC SOCIAL SERVICES-OST PROGRAM

PERMISSION TO WALK HOME AUTHORIZATION

(5TH GRADE ONLY)

I, _____ hereby give my child, _____
(Parent/Guardian) (Child's Name)

permission to sign themselves out concerning the daily attendance sheet and walk home from the OST Program. I, therefore, will assume all risk in full that my child may incur once they have left the program.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date