4-H Overnight Housing Parent/Guardian Permission Form

Parent/Guardian: Please complete the following information and **return the top portion** of this sheet to name/address of 4-H staff member by date required. **Keep the information at the bottom** of this form for your records.

I understand that my child	will be attending
, <u> </u>	will be attending (name of child)
(name of event)	on
(name of event)	on(dates of event)
at(location of event)	and that he/she may be sharing lodging
University Extension volunteer ori youth. By signing this form, I give these lodging conditions. I also ur Behavior expectations for adults a this event.	who has been through an annual Ohio State entation/training program and with at least one other my permission for my child to attend this event under derstand the OSU Extension Volunteer Standards of and 4-H Member Code of Conduct for youth attending
Signature of Parent/Guardian	Date
%	
Parent/Guardian: Keep this inform	ation for your records
Name of event:	
Date of event:	
Location of event:	
In case of an emergency requiring yo	ou to contact your child during the event, contact:

