



MINISTRY OF NATURAL RESOURCES YOUTH APPRENTICE PROGRAMME

PERMISSION SLIP

I _____ give permission for my child
_____ to participate in MNR
Apprenticeship Training program and Educational Field Trips from **Monday, August
06, 2018, August 29.2018.**

Special instructions for my child:

Dietary

Restrictions _____

Allergies/Ailments _____

Emergency contact:

Name:

Telephone# _____

In case of an emergency, I give permission for my child to receive medical treatment.

YES _____ **NO** _____



Parents or guardians are responsible for their child's vaccination against communicable diseases or other.

Relation to
Applicant _____

Signature _____ Date _____

Please return this permission slip by April 30, 2018 along with the application form