

# Big Brothers Big Sisters of Ithaca & Tompkins County Special Permission



Big Brothers  
Big Sisters.  
OF ITHACA &  
TOMPKINS COUNTY



I give permission for my child to participate in the following activity with their Big.

Name of child: \_\_\_\_\_

Name of Big: \_\_\_\_\_

Activity: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

\_\_\_\_\_  
Parent/Caregiver Signature\*

\_\_\_\_\_  
Parent/Caregiver Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date