BIG BROTHERS BIG SISTERS OF ITHACA & TOMPKINS COUNTY
Special Permission for an Activity

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