

Parent Authorization for Field Day Events

Date: _____

Dear [Teacher's Name],

I, the undersigned, am the parent/guardian of [Child's Full Name], a student in [Grade/Class Name] at [School Name]. I hereby grant permission for my child to participate in the upcoming Field Day events scheduled for [Date of Field Day].

I understand that the activities will take place at [Location], and they may involve physical exercises and games. I acknowledge that my child is in good health and capable of participating in these activities.

In case of any emergency, I can be reached at [Your Phone Number]. I authorize the staff to seek medical attention for my child if needed.

Thank you for organizing this event, and I look forward to my child's participation.

Sincerely,

[Your Name]

[Your Signature]

[Your Relationship to Child]

[Your Contact Information]