



**PARENTAL  
PERMISSION  
for  
SPECIAL EVENT**

**STUDENT NAME:** \_\_\_\_\_  
**EVENT:** \_\_\_\_\_  
**SPONSOR:** \_\_\_\_\_  
**DATE(s) OF EVENT:** \_\_\_\_\_

**PURPOSE:** The purpose of this form is to provide you with means to communicate your intention to release your child from supervision of the Missouri School for the Deaf to an individual, group, or organization for the specific purpose of participation in an activity or event.

**INSTRUCTIONS TO PARENTS:**

1. Read the information, name and date of event above.
2. If you approve, sign your name below.
3. Mail this form to: Richard Keller  
Director of Student Life  
Missouri School for the Deaf  
505 East 5th Street  
Fulton, MO 65251-1799

**4. MSD MUST HAVE THE ORIGINAL FORM ON FILE**

**TRAVEL ARRANGEMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN**

**EVENT SPONSOR**

**NAME:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** ( ) \_\_\_\_\_  
Area Code

( ) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**COMMENTS:** When the school receives this form, we will call to confirm the visit with parent and sponsor. We encourage you to communicate directly with the event sponsor for details.

\_\_\_\_\_  
DSL - Authorization

\_\_\_\_\_  
Date