

August _____, 2008

To Whom It May Concern:

RE:

Child's Name

Date of Birth:

Child's Date of Birth

Health Card #:

Child's Health Card Number

Health Coverage:

Insurance Company's Name

Policy Number

Please be advised that we, _____ are the parents of the
(Parents' Names)
above child, _____.
(Child's Name)

We as her parents are aware of and have given permission for our daughter to travel with the Hawks Cheerleading Club to Pennsylvania for a Cheer Camp, during the period of August 21 to August 25, 2008, and for the Coaches or Camp Staff to seek out medical treatment for our daughter should this be necessary.

Should you have any questions or concerns, please feel free to contact us, her parents, at _____.
(Parents' Contact Phone Number)

Yours truly,

(Parent's Name)
Mother

(Parent's Name)
Father