



**Father Lopez Catholic High School  
Athletic Department**

3918 LPGA Blvd. Daytona Beach, FL 32124  
Phone: (386) 253-5213 Ext. 313 Fax: (386) 252-6101

**PARENT PERMISSION SLIP**

If you wish for your child to ride home from an away Father Lopez Catholic High School sporting event with a parent other than yourself, please complete the form below and submit to the school office a day before the date of the event.

Dear Coach/Athletic Director/Principal:

This letter is to inform you that our son/daughter, \_\_\_\_\_,  
has our permission to ride home after the away Father Lopez athletic event to be held on  
\_\_\_\_\_ (date), at \_\_\_\_\_ (location)  
with:

\_\_\_\_\_ (Parent Name)

\_\_\_\_\_ (Phone Number)

Respectfully,

\_\_\_\_\_ (Parent Printed Name)

\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Home Phone Number)

\_\_\_\_\_ (Cell Phone Number)