

**Career Opportunity Development, Inc.  
Permission Slip for Events**

Name of Event: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Will attend: \_\_\_\_\_  
Consumer's name

Will not attend: \_\_\_\_\_  
Consumer's name

Please circle if the person being served is their own guardian  
Yes No

**\* If the person being served is not their own guardian please complete the following information below.**

**Guardian's name:** \_\_\_\_\_  
Print

**Guardian's Signature:** \_\_\_\_\_

**Mode of Transportation:**  
*Please circle*

Access Link

Atlantic County Transportation

Public Transportation

**Other: Please list responsible party below:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**You are responsible for transportation home from CODI  
during this event!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!**