

**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!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!**