



## JOURNEY THROUGH JUSTICE PARENT DROP OFF FORM

My child, \_\_\_\_\_ (name), will be attending Journey Through Justice at the State Bar of Georgia on \_\_\_\_\_ (date). I will not be staying, but I have arranged for the person named below to take responsibility for my child. In case of emergency, my cell phone number is \_\_\_\_\_.

Thank you,

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Name of Parent in Charge

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent in Charge

***Please note:***

*The adult taking responsibility for your child cannot leave the State Bar of Georgia until you have returned to pick them up.*