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**Permission to leave campus
Vienna, Austria Summer Residential Camp**

If you wish to grant permission for your child to leave campus unaccompanied to explore Vienna independently or with friends please sign and return this form to AmeriSpan prior to departure.

Name of parent or legal guardian: _____

Address: _____

Telephone: _____

I hereby give permission for my son/daughter _____, who is enrolled in the Vienna, Austria (ACTILINGUA) Residential Summer Camp from _____ to _____ to leave the school campus alone.

- In the afternoon until 6pm
- In the evening until 9pm
- In the evening until 10pm (only for those 15 years of age and up)

Signature of parent or legal guardian _____