



Mail: 1334 Walnut St, 6<sup>th</sup> Floor  
Philadelphia, PA 19107  
Fax: 215-751-1986  
Tel: 800-879-6640/215-751-1100  
Email: info@amerispan.com  
Web: <http://www.amerispan.com>

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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 \_\_\_\_\_