



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.