

Summer Camp Permission Slip

PARTICIPANT INFORMATION

Participant's Full Name

Parish/School

Participant's Birth Date

Email

Grade Completed

Child's Allergies or medical problems

Participant's blood type:

Tshirt Size

PARENT INFORMATION

Parent/ Guardian Full Name

Address

Mom's E-mail

Mom's Cell Phone Number

Dad's E-mail

Home Phone Number

Dad's Cell Phone Number

EMERGENCY CONTACTS

EMERGENCY CONTACT 1

Emergency Contact#1 Name

Relationship

E-mail

Home Phone Number

Cell Phone Number

EMERGENCY CONTACT 2

Emergency Contact#2 Name

Relationship

E-mail

Home Phone Number

Cell Phone Number

CONSENT

I, the parent/guardian, I have been informed about the Summer Camp hereby attest that I give permission to my child to attend the Summer Camp and authorize the camp staff to seek medical attention for my child in the event of an emergency, and I understand that the camp staff will make every effort to contact me or my designated emergency contact before doing so.

Date



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