

Camp / Overnight Permission Slip

Organization: _____

ACTIVITY DETAILS

Camp Name * _____ Camp Check-In Date * _____

Camp Check-Out Date * _____ Check-In Time _____

Check-Out Time _____ Cabin / Group Assignment _____

Transportation to/from Camp _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____ Parent/Guardian Name * _____

Parent/Guardian Phone * _____ Parent/Guardian Email * _____

Emergency Contact Name _____ Emergency Contact Phone _____

MEDICAL INFORMATION

Current Medications _____ Dietary Restrictions / Allergies _____

Special Accommodations or Medical Notes _____

I give permission for my child to attend the above camp and authorize camp staff to administer listed medications and provide emergency medical treatment if necessary.

Parent/Guardian Signature _____ Date _____