

# Day Camp / Field Day Permission Slip

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Organization: \_\_\_\_\_

## ACTIVITY DETAILS

Event Name \*

Event Date \*

Planned Activities

Pickup Authorization \*

## PARTICIPANT INFORMATION

Child's Full Name \*

Date of Birth \*

Parent/Guardian Name \*

Parent/Guardian Phone \*

Parent/Guardian Email \*

Emergency Contact Name \*

Emergency Contact Phone \*

I give permission for my child to participate in the above event. I consent to the application of sunscreen and bug spray as needed during outdoor activities.

Parent/Guardian Signature

Date