

# Summer Camp Permission Slip

## PARTICIPANT INFORMATION

Participant's Full Name:

Parish/School:

Participant's Birth Date:

Email:

Grade Completed:

Tshirt Size:

Participant's blood type:

Child's Allergies or medical problems:

## PARENT INFORMATION

Parent/ Guardian Full Name:

Address:

Mom's E-mail:

Dad's E-mail:

Mom's Cell Phone Number:

Dad's Cell Phone Number:

Home Phone Number:

# EMERGENCY CONTACTS

## EMERGENCY CONTACT 1

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Emergency Contact#1 Name:

Relationship:

E-mail:

Home Phone Number:

Cell Phone Number:

## EMERGENCY CONTACT 2

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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: