

Youth Camp Outbound Excursion Consent Form

Camper Information

Full Name

Date of Birth

Address

Parent/Guardian Information

Full Name

Phone Number

Email

Emergency Contact

Name

Phone Number

Medical Information

Allergies

Current Medications

Medical Conditions

Consent & Authorization

I, the undersigned parent or legal guardian, hereby give permission for my child to participate in the Youth Camp Outbound Excursion and authorize the camp staff to arrange for emergency medical care if necessary.

Parent/Guardian Signature

Date

