Overnight Stay Parent Consent Form

Event/Trip Name
Event/Trip Location
Event/Trip Dates
Double in audio None
Participant's Name
Date of Birth
School/Group Name
Parent/Guardian Name
Relationship to Participant
Telationship to Farticipant
Emergency Contact Number
Medical Conditions, Allergies, or Special Needs
Additional Notes
Consent Statement

Parent/Guardian Signature	
Date	
Staff/Witness Signature	
Date	