

Church Youth Retreat Permission Slip

Event Information

Event Name

Date(s)

Location

Participant Information

Participant Name

Date of Birth

Address

Parent/Guardian Name

Phone Number

Email

Medical Information

Allergies / Medical Conditions

Medications

Insurance Information

Emergency Contact Name & Number

Permissions & Consent



I hereby give permission for my child to attend the above-named youth retreat and to participate in all activities. In the event that I cannot be reached in an emergency, I give permission for the group leader to make medical decisions for my child as necessary.

Parent/Guardian Signature
Date