

# Youth Group Off-Site Activity Permission Slip

## Participant Information

Participant Name

Date of Birth

Address

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

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## Activity Details

Activity Name

Date of Activity

Location

Departure Time

Return Time

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## Medical Information

Allergies / Medical Conditions

**Medications**

**Emergency Contact Name**

**Emergency Contact Phone**

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**Permission and Release**

I hereby give permission for my child to participate in the above activity. I understand that all reasonable precautions will be taken for safety. In case of emergency, I authorize the staff to secure medical care as needed.

**Parent/Guardian Signature**

**Date**