

Youth Group Overnight Trip Permission Slip

Participant Information

Participant Name

Date of Birth

Gender

Address

Parent/Guardian Information

Parent/Guardian Name

Relationship

Phone Number

Email

Trip Details

Trip Date

Destination

Meeting Location & Time

Emergency Information

Emergency Contact Name

Emergency Contact Phone

Doctor's Name

Doctor's Phone

Medical Conditions / Allergies

Medications

Insurance Provider

Policy Number

Consent & Acknowledgement

I, the undersigned parent/guardian, give permission for my child to attend the youth group overnight trip as detailed above. I authorize the leaders to seek medical treatment if necessary. I understand all reasonable safety precautions will be taken.

Parent/Guardian Signature

Date