Youth Group Retreat Parental Permission Slip

Retreat Name
Retreat Dates
Retreat Location
Netreat Location
Participant Information
Youth Name
Date of Birth
Address
- Audices
Parent/Guardian Name
Parent/Guardian Phone Number
Parent/Guardian Email
Medical Information
Allergies or Special Medical Needs
Emergency Contact Name

Emergency Contact Phone Number	
Insurance Provider	
Policy Number	
Permission & Authorization	
Parent/Guardian Signature	
Date	
Additional Comments	