

# Parental Consent Form for Minors Attending Religious Retreats

## Minor's Information

Full Name of Minor

Date of Birth

Address

## Parent/Guardian Information

Full Name of Parent/Guardian

Contact Number

Email

## Retreat Information

Name of Retreat/Event

Start Date

End Date

Location

# Medical Information

Medical Conditions/Allergies

Emergency Contact Name

Emergency Contact Number

## Consent and Authorization

I, the undersigned, am the parent or legal guardian of the minor named above and give my permission for them to attend and participate in all activities at the mentioned religious retreat. I authorize the adult leaders to seek medical attention in case of emergency.

Parent/Guardian Signature

Date

Minor Signature

Date