

Summer Camp Outing Permission Slip

Camper Name:

Age:

Parent/Guardian Name:

Contact Number:

Emergency Contact Name:

Emergency Contact Number:

Outing Details

Date:

Location:

Time:

Medical Information

Allergies or Medical Conditions:

Medications (if any):

Permission Statement

I hereby give permission for my child to attend the above mentioned outing with Summer Camp staff and authorize all necessary emergency medical treatment as may be required.

Parent/Guardian Signature

Date